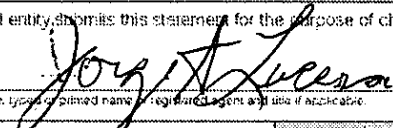
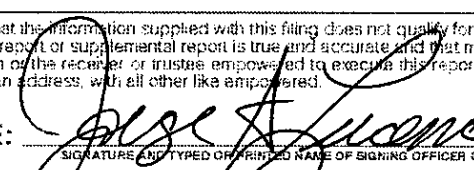


FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90234 032 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|------------------------|--|--|
| DOCUMENT # | | | |
| 1. Entity Name | | | |
| SANTIAGO & LUCENA PARTNERS, I NC. | | | |
| Corp. No. <u>P00000112798</u> | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| 15390 S.W. 157 Terrace | | 15390 S.W. 157 Terrace | |
| City & State | | City & State | |
| Miami, FL | | Miami, FL | |
| 4. FEI Number | | Applied For | |
| 65-1076988 | | Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 33187 USA | | 33187 USA | |
| DO NOT WRITE IN THIS SPACE | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Jorge A. Lucena | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| 13291 S.W 54 Court | | | |
| City Mirimar | | FL Zip Code 33027 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | |
| SIGNATURE  | | Jorge A. Lucena, V. President 4/26/02 | |
| 9. This corporation is eligible to elect its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | President | TITLE | |
| NAME | Al Santiago | NAME | |
| STREET ADDRESS | 15390 S.W. 157 Terrace | STREET ADDRESS | |
| CITY- ST- ZIP | Miami, FL 33187 | CITY- ST- ZIP | |
| TITLE | Vice President | TITLE | |
| NAME | Jorge A. Lucena | NAME | |
| STREET ADDRESS | 13291 S.W 54 Court | STREET ADDRESS | |
| CITY- ST- ZIP | Mirimar, FL 33027 | CITY- ST- ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| DO NOT WRITE IN THIS SPACE | | | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Jorge A. Lucena 4/26/02 305/829-7408 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | V. President | |

CR2E0345 (12/01)