

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90149 014 ***150.00

DOCUMENT # P01000001661

1. Entity Name

CAMANCHACA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7200 NW 19th Street

3. Mailing Address

7200 NW 19th Street

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

U.S.A.

Zip

33126

Country

U.S.A.

4. FEI Number

65-1068766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

One S.E. 3rd Avenue, 28th Floor

28th Floor

City
Miami

FL

Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO JORGE FERNANDEZ GARCIA 7200 NW 19TH STREET, SUITE 204 MIAMI, FLORIDA 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T GUSTAVO ROSS 7200 NW 19TH STREET, SUITE 204 MIAMI, FLORIDA 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORBEN PETERSON 7200 NW 19TH STREET, SUITE 204 MIAMI, FLORIDA 33126
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

GUSTAVO ROSS

4/26/02

(305) 406 9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #