2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

NAME STREET ADDRESS	1. Entity Nam	MENT # P01000014 CORPORATION	558			05-01-2003 9	91008 020	***15	0.00	
SUITE 600 CORL CARLES, FL 33134 2. Principal Pince of blushness Suite, ApiL R. etc. City & State	Principal Plac	ce of Business	Mailing Address							
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Signature Special Country Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Foe Regulation	City & State	e	City & State		4.				` 	
VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. SUTE 600 CORAL GABLES, FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBMATURE SUBMAT	Zip		<u></u>	Country	5,	Certificate of Status Desired				
VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134 City FL Zip Code a. The above named entity submits this datement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and society the obligations of registered agent. SIGNATURE FLE NOVITIL FEET IS \$150.00 FLE NOVITIL FEET IS \$150.0		6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Re	gistered Age	nt		
Silvest Address (P.O. Box Number is Not Acceptable)	VILLANUE	/A. CARLOS		Name						
E. The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiar with, and accept the obligations of registered agent. SIGNATURE Signature Payment P	2100 PONCE DE LEON BLVD. SUITE 600			Street Ad	dress (P.O. E	30x Number is Not Acceptable)]
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fabrillar with, and accept the obligations of registered agent. SIGNATURE	CORAL GA	DLES, FL 33134								}
THE NOW!!! FEE IS \$150.00 After May 1: 2003 Fee will be \$550.00 Add to Feas 10. OFFICERS AND DIRECTORS IN 11 TITLE DPS ANCHEZ, GERMAN ALFREDO SIRET ADDRESS CITY-S1-2P CORAL GABLES, FL 33134 Delrie INLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME NAME SIRET ADDRESS CITY-S1-2P Addition Additi			FL Zip Code							
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	JULE			NAME STREET ADDRESS CHY-S1-ZIP TITLE						

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 reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.