

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90698 005 \*\*\*150.00

**DOCUMENT # P01000014780**  
 1. Entity Name  
**ISAURA CORPORATION**

Principal Place of Business Mailing Address  
**AV. LEANDRO N. ALEM 855. PISO 21. C1001AAD** **AV. LEANDRO N. ALEM 855. PISO 21. C1001AAD**  
**BUENOS AIRES. ARGENTINA** **BUENOS AIRES. ARGENTINA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country  
**13250 SW. 88<sup>TH</sup> TERR.**  
**Unit 102**  
**Miami, FL 33186**

4. FEI Number **65-1099472**  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARLTON, FIELDS, WARD, EMMANUEL, ETAL**  
**4000 INTERNATIONAL PLACE**  
**100 SE 2ND ST.**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **ALLAN DOYLE, CPA**  
 Street Address (P.O. Box Number is Not Acceptable) **174 FONTAINE BLEAU BLVD. STE. 1-B**  
 City **Miami** State **FL** Zip Code **33172**

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]* **ALLAN DOYLE, CPA** DATE **5/14/02**  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOREDO, JOSE A ESQ</b>	
STREET ADDRESS	<b>100 SE 2ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Jorge Bernardino Castorani</b>	
STREET ADDRESS	<b>13250 SW 88TH TERR. Unit 102</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-14-02** Daytime Phone # **(305) 380-7101**

CF2E034 (9/01)