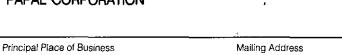
## 0222058 +

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000016655

1. Entity Name
PAPAL CORPORATION





## FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90142 011 \*\*\*150.00

601 BRICKELL KEY DRIVE SUITE 802 MIAMI FL 33131		601 BRICKELL KEY DRIVE SUITE 802 MIAMI FL 33131					
21. Principal Place of Business Very Drive 3. Mailing Address Suite: Abt. #, etc. 2001 Suite: Abt. #, etc. 2001 Suite: Abt. #, etc. 2001					5		
St. 802 SK-802			02	☐ CHECK HERE IF MAKIN	G CHANGES		
CV 8/State	imiFL	cly & prate Mi	FL	4. FEI Number 65-1075226	<u> </u>	pplied For ot Applicable	
331	31 PSA	3313	Country	5. Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
V/47011E3	Z CEDADDO A ECO	•	Name				
VAZQUEZ, GERARDO A ESQ			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
601 BRICKELL KEY DRIVE SUITE 802							
MIAMI FL 33131							
			City	FI	Zip Cod	le	
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. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
Make Check Payable to Florida Department of State							
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE		Change	☐ Addition	
NAME	PALACIO, PABLO 601 BRICKELL KEY DRIVE STE 80	n	NAME			}	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33131	2	STREET ADDRESS CITY-ST-ZIP				
	\$		<b>-</b>				
TITLE NAME	URIBE, MARTHA	☐ Delete	TITLE NAME		☐ Change	☐ Addition }	
STREET ADDRESS	601 BRICKELL KEY DRIVE STE 80	2	STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33131	-	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<del>*                                    </del>	☐ Change	☐ Addition	
NAME		2 5000	NAME		<b>—</b>		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME	·			
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	4-494						
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			ļ	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			1	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			}	
12. 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 receive 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.							