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

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

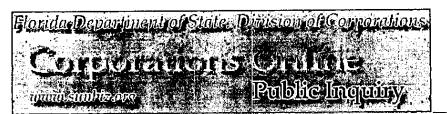
DOCUMENT # P01000035387 05-13-2002 90146 008 ***150.00 Pucara Inc. 656343 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2000 Towerside Ten 2000 Towerside Terr Suite Apt., #, etc. 1903 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number FL Applied For Miami 16-DY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent rieed DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1903 8. The above named entity submits this statement ise of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of fregistered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150,00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution, Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE Diego Escribano CR2E034B (12/01 NAME NAME 2000 Towerside Terr #1903 STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miami, FL 33138 CITY-ST-ZIP THLE TITLE NAME OSCAR TOMAS ESCAIRAND 2000 YOU BESIDE TERR # 19.03 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE SARAC. SOLARI de Escaibano NAME STREET ADDRESS 2000 TOWERSIDE TERR#1903 STREET APPRESS CITY-ST-7IP DO NOT WRITE Mi Ami Fr 33139 CITY-ST-ZIP TITLE THE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 13. Thereby 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Ettilio AME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #



Florida Profit

PUCARA INC.

PRINCIPAL ADDRESS 2000 TOWERSIDE TERRACE UNIT 1903 MIAMI FL 33138

MAILING ADDRESS 2000 TOWERSIDE TERRACE UNIT 1903 MIAMI FL 33138

Document Number P01000025287 FEI Number NONE **Date Filed** 03/12/2001

State FL Status ACTIVE Effective Date NONE

Registered Agent

Name & Address

SALAZAR, LISETTE PIE ESQ LISETTE PIE SALAZAR PA 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131

Officer/Director Detail

Name & Address	Title
ESCRIBANO, DIEGO 2000 TOWERSIDE TERRACE UNIT 1903	D
MIAMI FL 33138	
ESCRIBANO, OSCAR TOMAS 2000 TOWERSIDE TERRACE UNIT 1903	D
MIAMI FL 33138	
SOLARI DE ESCRIBANO , SARA C 2000 TOWERSIDE TERRACE UNIT 1903	D
MIAMI FL 33138	_][