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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

100006335931--8
-07/11/02--01053--016
****150.00 ****150.00

DOCUMENT # P01000032574

1. Entity Name

PROTEUS ENTERPRISES INCORPORATED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8401 SW 107 AVENUE	P.O. BOX 960091
Suite, Apt. #, etc.: 146E	Suite, Apt. #, etc.:
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33173 Country: USA	Zip: 33296 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1089688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ARENAS, MARIA V.

Street Address (P.O. Box Number is Not Acceptable): 8401 SW 107 AVENUE #146E

City: MIAMI FL Zip Code: 33173

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: MARIA V-PRES 6-26-02

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	ARENAS, MARIA V
STREET ADDRESS	8401 SW 107 AVENUE #146E
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP/D
NAME	MARCO GRUSIC BARRIOS
STREET ADDRESS	PASAJE INFANTE 6549 STA. ANA
CITY-ST-ZIP	LA SERENA, CHILE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 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: 6-26-02 3053882706

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

6-26-02