FILED
Jul 01, 2002 8:00 am
Secretary of State
05-27-2002 90503 045 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057428

1. Entity Name
Audimco International, Inc.

DO NOT WRITE IN THIS SPACE

37138

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2. Principal Place of Business	3. Mailing Address
11115 S.W. 125th Ave.	11115 S.W. 125th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186-4818 Country	Zip: 33186-4818 Country

4. FEI Number: 65-1112329 ☐ 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: Arboleda, Rodrigo
Street Address (P.O. Box Number is Not Acceptable): 8600 S.W. 133rd Ave.
Apt. 217
City: Miami FL Zip Code: 33183

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, 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) [X]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/T
NAME	Arboleda, Rodrigo
STREET ADDRESS	8600 S.W. 133rd Ave., Apt. 217
CITY - ST - ZIP	Miami, FL 33183
TITLE	D/S
NAME	Granada, Ana C.
STREET ADDRESS	8600 S.W. 133rd Ave., Apt. 217
CITY - ST - ZIP	Miami, FL 33183
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rodrigo Arboleda 305-387-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Ap. 25/02 Daytime Phone #

STF FL32361F.1