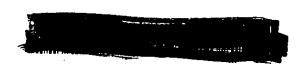
2002 Uniform Business Report (UBR)

DOCUMENT # P0100059309 1. Entity Name JULIANA OF FLORIDA CORPORATION

Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE. SUITE 0-305 520 BRICKELL KEY DRIVE. SUITE 0-305 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent TRANSCIORAL CORROBATE ADMINISC

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

05-13-2002 90099 001 ***150.00



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131		City	ox Number is Not Acceptable)	Zip Coo	de
8. The above named entity submits this statement for SIGNATURE	the purpose of changing its reg	istered office or registered age	ent, or both, in the State of Florida.		
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re-	gistered Agent signature required when rel			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!!: After May 1, 2002 Make Check Payable to	EE IS \$150.00	DATE DATE Trust Fund Contribution.	\$5.0 Adde	00 May Be
11. OFFICERS AND E	DIRECTORS	12. ADI	DITIONS/CHANGES TO OFFICERS AND	DIDECTOR	0.151.44
TITLE D NAME STREET ADDRESS CITY-ST-ZIP DPENAGOS, MARTHA 520 BRICKELL KEY DRIVE, SUITE MIAMI FL 33131	□ Delete 0-305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	S IN 11
NAME Marco Rojas STREET ADDRESS DITY-ST-ZIP Miami FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		TITLE VAME STREET ADDRESS DITY-ST-ZIP		Change	☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP		TITLE NAME STREET ADDRESS STY-ST-ZIP		Change	☐ Addition
ILE ME REET ADDRESS Y-ST-ZIP	, N	ITLE AME TREET ADDRESS ITY-ST-ZIP	.07(3)(i), Florida Statutes. I further certify al effect as if made under oath; that I am Statutes; and that my name appears in B	Change	☐ Addition

MING OFFICER OR DIRECTOR (30) 374 3800.