FOR PROFIT CORPORATION

→ UNIFORM BUSINESS REPORT (UBR)



FILED May 01, 2003 8:00 am Secretary of State

1. Entity Na	JIVIENT# P0100007 THERMAL MECHANICA	~			05-01-2003 9	90814 009	***158.7	75
	DO NOT WRITE	10095735						
	Place of Business 4 S.W. 37th St.	3. Mailing Address	· · · · · ·				-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
. City & Sta	ate	City & State			4. FEI Number			Applied For
Miami	Country	Zip	Coun	itry	65-1126892 5. Certificate of Status Desir			Not Applicable Additional
33175	U.S.A.		<u> </u>		7. Name and Address of Cur	rent Register	Fee Rec	lairea
			*	Name			<u></u>	
	RITE	RAUL ALONSO Street Address (49 Box Number is Not Acceptable)			able)			
	IN THIS SP	· · · · · · · · · · · · · · · · · · ·	A A	1187	14 S.W. 37th S	E."		
12					,			
			Marian Paragraphics Marian Paragraphics Marian Paragraphics	City Miar	 ni	F		Code
8. The aboye	named entity submits this statement for t	he purpose of changing its	registere			f Florida. I am		175 ith, and accept
the obliga	tions of registered agent.							
		*,						
SIGNATURE	Signature, typed or printed name of registered agent and	tille if applicable. (NOT)	: Registered	Agent signature required	when reinstating)	DATE		
	nuary 1 May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of S	tata			Election Campaign Trust Fund Contribu	٠.		5.00 May Be Ided to Fees
10.	OFFICERS AND DI	1 14540,4692	- 1 Kar - 201	marin ma		The West of		\$ 1.00 m
TITLE	P/Dā		MILE				STATE.	好,前、招待
NAME	RAUL ALONSO		NAME	立其是有"因为"。 日本語 医腺腫		and real topic		
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Tit.			MILE				Signed Laterature 3	
VAME	•		NAME				AND THE STATE OF	
STREET ADDRESS				ADDRESS		A STATE OF THE STA	CAPACION	
CHIV-ST-ZIP			CITY-S	174 Part Control	Takense (Marija) (1. jeune) (1. jeune) (1. jeune) 1. jeune – Santon Santon (1. jeune) (1. jeune)	BAR TIET		- 1 2 49 1 1 1 4 7 862 1 1 1
TITLE NAME			NAME			Party	a	

12. Thereby 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP