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

## DOCUMENT # P010000 7457

SIGNATURE:

## Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90190 041 \*\*\*150.00

All ExPORT Equipme	ent IRABING L	V.V				
DO NOT WRITE  2. Principal Place of Business	3. Mailing Address	ACE		90083	1308	
89755. W. 59 Cour	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FE	Number 058528	8	Applied For Not Applicable
33328 Brodward	Zip	Country	<b>5</b> , Ce	ertificate of Status Desired	\$8. Fee	75 Additional Required
7. Name and Address of Current Registered Agent  Name Louis F. CAST  Street Address (P.O. Box Number is Not Acceptable)  Street						
		City	ANDI	11.33/6	FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				Election Campaign Finan     Trust Fund Contribution.	<del></del>	\$5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS			THE PROPERTY OF	<b>西亚加州</b>	e a sugar vivino gi gi suo.
TITLE P ALEJANDRO I NAME STREET ADDRESS CITY-ST-ZIP COPERCI	RIETO F HU, Fl. 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VP BIANCA PRIET NAME STREET ADDRESS 897V S. 20. 59 CITY-ST-ZIP	- ·	TITLE NAME SIRRET ADDRESS CITY-ST-ZIP	7. T.			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY_ST_ZIP		DO NOT V	VRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY - ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 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.						

ALEJAKDRO Prieto - PreSIDENT