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Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90944 024 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083352

1. Entity Name
GRUPO EMPRESARIAL MUNOZ CORP.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD., SUITE 204 CORAL GABLES, FL 33134	3211 PONCE DE LEON BLVD., SUITE 204 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
San Ignacio 157 (AEEP)	San Ignacio 157 (AEEP)
Suite, Apt. #, etc. Ed. Quinara, P.B.	Suite, Apt. #, etc. Ed. Quinara, P.B.
City & State Quito, Pichincha	City & State Quito, Pichincha
Zip: 1716 Country: Ecuador	Zip: 1716 Country: Ecuador

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-1137511** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
L&P FINANCIAL GROUP, LLC 3211 PONCE DE LEON BLVD., SUITE 204 CORAL GABLES, FL 33134	Name: Edward Montoya, P.A. Street Address (P.O. Box Number is Not Acceptable): 888 Brickle Ave. 5th floor City: Miami **FL** Zip Code: 33131

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 _____ 03/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUNOZ, GONZALO URBANIZACION PINAR BAJO MANUEL ROMO NO. 43 QUITO, ESTADO ECUADOR,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MUNOZ, DELIA MARIA URBANIZACION PINAR BAJO MANUEL ROMO NO. 43 QUITO, ESTADO ECUADOR,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE MUNOZ, DELIA JIMENEZ URBANIZACION PINAR BAJO MANUEL ROMO NO. 43 QUITO, ESTADO ECUADOR,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/31/03 (305) 205-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #