

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90448 035 ***150.00

DOCUMENT # P010000094106 2

1. Entity Name
SAN JUAN IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7800 UNIVERSAL BLVD Suite, Apt. #, etc.	3. Mailing Address 7800 UNIVERSAL BLVD Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MIGUEL G. FARRA C/O MBA & CO.

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE

9TH 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.

SIGNATURE [Signature] 4/29/02

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	DIRECTOR	TITLE	
NAME	JOAO A. RIBEIRO	NAME	
STREET ADDRESS	7800 UNIVERSAL BLVD	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	CITY - ST - ZIP	
TITLE	DIRECTOR	TITLE	
NAME	SILVA CHIRATA A. RIBEIRO	NAME	
STREET ADDRESS	7800 UNIVERSAL BLVD	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Joao A. Ribeiro 24/29/02 373-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)