

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90051 015 ***163.75

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 15901 COLLINS AVE. #C-1 SUNNY ISLES BEACH FL 33160 | 15901 COLLINS AVE. #C-1 SUNNY ISLES BEACH FL 33160 |

| | | | |
|---|------------------|------------------------------|------------------|
| 2. Principal Place of Business _____ | | 3. Mailing Address _____ | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | |
| City & State _____ | | City & State _____ | |
| Zip _____ | Country _____ | Zip _____ | Country _____ |

| | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| 4. FEI Number | 65-114-2727 | <input checked="" type="checkbox"/> | Applied For |
| | | <input type="checkbox"/> | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent | |
|--|------------------|
| REYES, ORLANDO E 4011 W. FLAGLER ST. #504 MIAMI FL 33134 | Name |
| | Street Address (|
| | |
| | City |

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

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.

| | | |
|---|--|------|
| SIGNATURE | | |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

| | | |
|---|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICCA, JUAN 15901 COLLINS AVE. #C-1 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A. TORRES GUERRA 01-16-02 305-9475121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)