2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

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Entity Name: CASCO EQUIPMENT CO.

Current Principal Place of Business:

1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 80-0030995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: IRIZARRY, ENRIQUE F
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

Title: DV ( ) Delete
Name: FUENTE, MANUEL DE LA
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

Title: DS ( ) Delete
Name: VAZQUEZ, RAFAEL J
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

Title: DT ( ) Delete
Name: IRIZARRY, CARLOS A
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: IRIZARRY, ENRIQUE JR
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL DE LA FUENTE DV 04/22/2003

Electronic Signature of Signing Officer or Director — Date