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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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| <b>DOCUMENT # P02000030068</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |                                                                                                        |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 1. Entity Name<br><b>ROCA USA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                         |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| Principal Place of Business<br>13780 SW 56 ST<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   | Mailing Address<br>13780 SW 56 ST<br>MIAMI, FL 33175                                                                                                                                    |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 2. Principal Place of Business<br><b>13450 SW 131 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | 3. Mailing Address<br><b>13450 SW 131 ST</b>                                                                                                                                            |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   | Suite, Apt. #, etc.                                                                                                                                                                     |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| City & State<br><b>MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | City & State<br><b>MIAMI FL</b>                                                                                                                                                         |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| Zip<br><b>33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   | Country                                                                                                                                                                                 |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 4. FEI Number<br><b>01-0642841</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | Applied For<br>Not Applicable                                                                                                                                                           |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | \$8.75 Additional Fee Required                                                                                                                                                          |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BEIRUTI, JOSE</b><br>13780 SW 56 ST<br>MIAMI, FL 33175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is not acceptable)<br><b>13450 SW 131 ST</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33186</b> |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 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<br><i>Jose Beirut</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | JOSE BEIRUTI<br>DATE<br><b>04/30/03</b>                                                                                                                                                 |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| FILE NOW NUMBER IS \$150.00<br>After May 1, 2003, Fee will be \$500.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                          |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                   |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>NAME</td> <td>BEIRUTI, JOSE</td> <td>STREET ADDRESS</td> <td>13780 SW 56 ST</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>NAME</td> <td>BEIRUTI, ELIAS</td> <td>STREET ADDRESS</td> <td>13780 SW 56 ST</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>NAME</td> <td>BEIRUTI, ANTONIO</td> <td>STREET ADDRESS</td> <td>13780 SW 56 ST</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table> |   | TITLE                                                                                                                                                                                   | P                | NAME                    | BEIRUTI, JOSE  | STREET ADDRESS         | 13780 SW 56 ST  | CITY-ST-ZIP                                                                  | MIAMI, FL 33175 | <input type="checkbox"/> Delete | TITLE | V | NAME | BEIRUTI, ELIAS | STREET ADDRESS | 13780 SW 56 ST | CITY-ST-ZIP | MIAMI, FL 33175 | <input type="checkbox"/> Delete | TITLE | D | NAME | BEIRUTI, ANTONIO | STREET ADDRESS | 13780 SW 56 ST | CITY-ST-ZIP | MIAMI, FL 33175 | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | <table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>13450 SW 131 ST</b></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>BEIRUTI, ELIAS</b></td> <td></td> <td><b>13450 SW 131 ST</b></td> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>BEIRUTI, ANTONIO</b></td> <td></td> <td><b>13450 SW 131 ST</b></td> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  | <b>13450 SW 131 ST</b> |  | <b>MIAMI FL 33186</b> |  |  |  |  |  |  | <b>BEIRUTI, ELIAS</b> |  | <b>13450 SW 131 ST</b> |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  | <b>MIAMI FL 33186</b> |  |  |  |  |  |  |  |  | <b>BEIRUTI, ANTONIO</b> |  | <b>13450 SW 131 ST</b> |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  | <b>MIAMI FL 33186</b> |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P | NAME                                                                                                                                                                                    | BEIRUTI, JOSE    | STREET ADDRESS          | 13780 SW 56 ST | CITY-ST-ZIP            | MIAMI, FL 33175 | <input type="checkbox"/> Delete                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  | <b>13450 SW 131 ST</b>  |                | <b>MIAMI FL 33186</b>  |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  | <b>MIAMI FL 33186</b>   |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  | <b>BEIRUTI, ANTONIO</b> |                | <b>13450 SW 131 ST</b> |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  | <b>MIAMI FL 33186</b>   |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  |                         |                |                        |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  |                         |                |                        |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                         |                  |                         |                |                        |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |
| 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<br><i>Jose Beirut</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | JOSE BEIRUTI-PRES<br>DATE<br><b>04/30/03</b> (305) 378-0398                                                                                                                             |                  |                         |                |                        |                 |                                                                              |                 |                                 |       |   |      |                |                |                |             |                 |                                 |       |   |      |                  |                |                |             |                 |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |       |  |      |  |                |  |             |  |                                                                              |  |  |  |  |                        |  |                       |  |  |  |  |  |  |                       |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |                         |  |                        |  |                                                                              |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |                                                                   |

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