FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90186 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041239

90089131

1. Entity Name
ARCAL, CORP

Principal Place of Business	Mailing Address
5600 SUNSET DR. SOUTH MIAMI, FL 33143	2330 NW 102 AVE UNIT BAY #1 MIAMI, FL 33172

2. Principal Place of Business		3. Mailing Address	
		5600 SUNSET DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: SOUTH MIAMI, FL	
Zip	Country	Zip: 33143	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0626168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORRIN, ALEJANDRA C 10574 NW 61 STREET MIAMI, FL 33178	Name: LEOPOLDO G. RIOS Street Address (P.O. Box Number is Not Acceptable): 1800 W. 49th STREET SUITE 301 City: HIALEAH FL Zip Code: 33012

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 [signature] 04/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ALFREDO		NAME		
STREET ADDRESS	5600 SUNSET DR.		STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASADO, ARTURO		NAME		
STREET ADDRESS	5600 SUNSET DR.		STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #