2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047077

1. Entity Name
SPC AMERICAN, CORP.

Principal Place of Business	Mailing Address
5200 SW 8TH STREET STE 200 CORAL GABLES, FL 33134	5200 SW 8TH STREET STE 200 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3061944

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, ALFREDO
5200 SW 8TH STREET STE 200
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

100000124174
04/22/04-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	PORTIS, LUIS A
STREET ADDRESS	5200 SW 8TH STREET STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DP
NAME	SANTILLI, OSVALDO A
STREET ADDRESS	5200 SW 8TH STREET STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS
NAME	SANTILLI, EDUARDO H
STREET ADDRESS	5200 SW 8TH STREET STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	SANTILLI, RICARDO L
STREET ADDRESS	5200 SW 8TH STREET STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	CANTOIA, GABRIEL D
STREET ADDRESS	5200 SW 8TH STREET STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: GABRIEL CANTOIA 04-19-04 (305) 445 9025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #