

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92209 022 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b>	P02000085754	<b>YEAR-2003</b>
<b>1. Entity Name</b>		
FLOSAN CORPORATION		

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
199 SW 12TH AVENUE, SUITE 11		199 SW 12TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE # 11			
<b>City &amp; State</b>		<b>City &amp; State</b>	
MIAMI, FL		MIAMI-FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33130	USA	33130-1056	USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b>	<b>Applied For</b>
14-1841298	<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	
JORGE E OYARCE	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
JE OYARCE & ASSOCIATES, ACCTG. OFFICES	
199 SW 12TH AVENUE, SUITE # 11	
<b>City</b>	<b>Zip Code</b>
miami	33130-1056

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b>	<b>DT</b>	<b>TITLE</b>	
<b>NAME</b>	OYARCE, JORGE E	<b>NAME</b>	
<b>STREET ADDRESS</b>	8615 NW 8TH STREET, # 219	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI-FL 33126	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DVPS</b>	<b>TITLE</b>	
<b>NAME</b>	CASIELLES, PATRICIA E	<b>NAME</b>	
<b>STREET ADDRESS</b>	8615 NW 8TH STREET, # 219	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI-FL 33126	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DP</b>	<b>TITLE</b>	
<b>NAME</b>	BUNSTER, CLAUDIO	<b>NAME</b>	
<b>STREET ADDRESS</b>	8615 NW 8TH STREET, # 219	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI-FL 33126	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE** \_\_\_\_\_ **JORGE E. OYARCE, PRESIDENT** **4/28/2003** **(305) 324-2248**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**