2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 17, 2003 8:00 am Secretary of State **DOCUMENT #** P02000108055 03-17-2003 91077 008 ***150.00 1. Entity Name Disproequi U.S.A. Corp. DO NOT WRITE IN THIS SPACE 90053543 3. Mailing Address 2. Principal Place of Business 13049 S.W. 133r<u>d Ct</u> <u> 13049 S.W. 133rd Ct</u> Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 54-2077702 Not Applicable Miami, FL Miami, FL \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 33186 USA USA 33186 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE <u>Valle, Manuel R</u> Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St. Suite 761 City 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. 1,100 (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150,00 11\$5.00 May Be 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 En:Added to Fees Trust Fund Contribution.** Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE de Blanco, Odilia C. NAME STREET ADDRESS ATREET ADDRESS Ave. 3, Residencia Angelina, Apt. 2-E <u>Caracas, Venezuela</u> CITY - ST - ZIP CITY - ST - ZIP TITLE Blanco, Miguel B. NAME STREET ADDRESS STREET ADDRESS Ave. 3, Residencia Angelina, Apt. 2-F <u>Caracas, Ve</u>nezuela CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Blanco, Alejandro R. NAME Ave. 3, Residencia Angelina, Apt. 2-F STREET ADDRESS STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY - ST - ZIP Caracas, Venezuela CITY - ST - ZIP me TITLE NAME Blanco, Miguel O. NAME STREET ADDRESS Ave. 3, Residencia Angelina, Apt. 2-STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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 appears with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIG	NAT	URE:

Carac<u>as</u>, V<u>e</u>nezuela

<u>Odilia C.</u> de Blanco

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