## FILED Apr 16, 2003 8:00 am Secretary of State

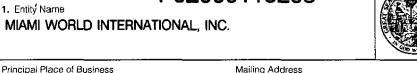
04-16-2003 90235 046 \*\*\*150.00

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

P02000115203 DOCUMENT #

MIAMI WORLD INTERNATIONAL, INC.

169 EAST FLAGLER STREET SUITE 1534



MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 17021 NONTH Suite, Apt. #, etc. City & State City & State JAM

169 EAST FLAGLER STREET SUITE 1534

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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 02-0655662 Not Applicable Zip Country \$8.75 Additional 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYARZA, MARCELO E 169 EAST FLAGLER STREET SUITE 1534 MIAMI FL 33131 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register SIGNATURE Signature, proec (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) ☐ Change ☐ Addition TITLE Delete TITLE NAME AYARZA, MARCELO E NAME STREET ADDRESS 169 EAST FLAGLER STREET SUITE 1534 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP-CITY\_ST-ZIP\_ ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ■ Addition 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

12. Thereby 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

SIGNATURE:

Daytime Phone #