FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129105 04 APR 22 P. 2003 1. Entity Name AI PROPERTIES, INC. DO NOT WRITE IN THIS SPACE remstatement of -04 3. Mailing Address 2. Principal Place of Business 1955 NW 17th AVENUE 1955 NW 17th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIAMI, FLORIDA City & State Applied For 4. FEI Number 30-0136954 MIÁMI, FLORIDA Not Applicable Zip 33125 - Country Country \$8.75 Additional 5. Certificate of Status Desired П 33125 Fee Required 7. Name and Address of Current Registered Agent Name BONET, ALEJANDRO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1955 NW 17th AVENUE City MIAMI 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. 4/12/2004 **ALEJANDRO BONET** SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eliqible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Added to Fee (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE. D/P/S/T NAME NAME BONET, ALEJANDRO 400034177854 STREET ADDRESS STREET ADDRESS 1955 NW 17th AVENUE, MIAMI, FL 33125 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME MUGURUZA, IÑAKI STREET ADDRESS STREET ADDRESS 1955 NW 17th AVENUE. MIAMI, FL 33125 CITY-ST-ZIP CITY ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST: ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or on an attachment with an address, with all the report is the empowered.

ALEJANDRO BONET

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034B (12/01)

305-545-4964

Daytime Phone #

4/12/2004

FILFD

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Zip		Zip . 33125	_Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		.75 Additional
17.63				7. Name and Address of Current		
	DO NOT W	DITE	Name BONE	ET, ALEJANDRO		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Address	(P.O. Box Number is Not Acceptable	:)	
	IN THIS SP	PACE	1955 NW	17th AVENUE		
			City MIAMI		FL	Zip Code 33125
8. The above	named entity submits this statement f	or the purpose of changing it		ered agent, or both, in the State of Flo		
		AL	EJANDRO BONET		4/12/200	4
SIGNATURE .	Signature, typed or printed name of registered agen		TE: Registered Agent signature require	ed when reinstating)	DATE	
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11.	OFFICERS AND	DIRECTORS	2 / 2 / 2 / 45 / 3 / 4 / 4 / 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T BONET, ALEJANDRO 1955 NW 17th AVENUE.	MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY ST-21P			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		TITLE NAME STREET ADDRESS CITY ST. 2IP			
indicated of the corattachme	certify that the information supplied wit on this report or supplemental repor- proration or the receiver or trusted em int with an address, with all other use e	h this filling does not qualify fi is true and accurate and that powered to execute this rep mpowered	or the exemption stated in S my signature shall have the ort as required by Chapter of	e same legal effect as if made under (607, Florida Statutes; and that my na	further certify bath; that I am me appears in 305-54	an officer or director Block 11 or on an