

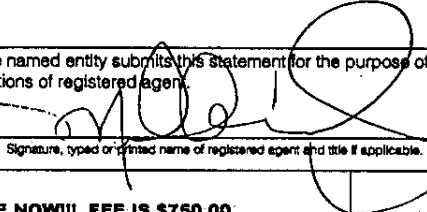
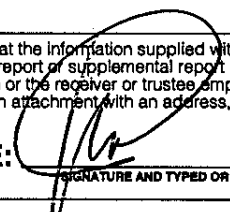


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000012176 1. Entity Name CATARATA TRADING CORP.						FILED 04 DEC -2 AM 11:13 SECRETARY OF STATE ALLAH SUIC, FLORIDA 11/05/04 01046 010750.00 			
Principal Place of Business C/O SANTIAGO STEED, FORTUNE INTERNATIONAL 1300 BRICKELL AVE MIAMI, FL 33131		Mailing Address C/O SANTIAGO STEED, FORTUNE INTERNATIONAL 1300 BRICKELL AVE MIAMI, FL 33131							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 56-2373524		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11242004 REIN-P CR2E098 (6/04)					
6. Name and Address of Current Registered Agent SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131				7. Name and Address of New Registered Agent					
Name				Street Address (P.O. Box Number is Not Acceptable)					
City				FL		Zip Code			
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 11/24/04	
FILE NOW!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GARFUNKKEL, RAFAEL 1300 BRICKELL AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARFUNKKEL, RAFAEL 1300 BRICKELL AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Signature and typed or printed name of signing officer or director Rafael Garfunkel, Director				Date 11/24/04		Daytime Phone # 305-679-5880	