FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2005 8:00 am
Secretary of State
06-06-2005 90007 023 ***150.00

40087331

DOCUMENT #

1. Entity Name
P04000157561

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1812 NW 82 Ave	1812 NW 82 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	Miami
City & State	City & State
	FLORIDA
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 20-1899737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ANDRES SARA

Street Address (P.O. Box Number is Not Acceptable): 1812 NW 82 Ave

Miami

City: **FL** Zip Code: 33126

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 _____ DATE

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
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	TITLE	
NAME	LUIS A. SARA	NAME	
STREET ADDRESS	1812 NW 82 AVENUE	STREET ADDRESS	
CITY ST ZIP	Miami, FL 33126	CITY ST ZIP	
TITLE	VP	TITLE	
NAME	EDUARDO H. URRUTIGOITY	NAME	
STREET ADDRESS	1812 NW 82 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST ZIP	
TITLE	VP.	TITLE	
NAME	MAXIMILIANO HELLIN	NAME	
STREET ADDRESS	1812 NW 82 AVE	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Luis A. Sara P. _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #