| FILED                |
|----------------------|
| Feb 17, 2002 8:00 am |
| Secretary of State   |

| 2002 UNIFORM BUSINESS REPO | RT | (UBR |
|----------------------------|----|------|
|----------------------------|----|------|

| 1. Entity Nam   |   | 1024165   |   |  | Secretary 0<br>02-17-2002 90044 0                        | of Sta     | ate                         |  |
|---|---|---|---|--|--|------------|-----------------------------|--|
| Principal Place of Business 12110 SW 41ST DRIVE MIAMI FL 33175 US |   | Mailing Address 12110 SW 41ST DRIVE MIAMI FL 33175 US |   |  |  |            |                             |  |
| 2. Principal P  | lace of Business  | 3. Mailing Address                                    |   | 1  |  |            |                             |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                                   |   | DO NOT WRITE IN THIS SPACE                         |  |            |                             |  |
| City & State  | e   | City & State  | . State   |  | El Number <b>65-04 13449</b>                             |            | oplied For<br>ot Applicable |  |
| Zip   | Country*  | Zip   | Country   | 5. (   | Certificate of Status Desired                            | \$8.75 Add | ditional                    |  |
|   | 6. Name and Address of Current Re   | egistered Agent                                       |   | 7. N   | lame and Address of New Registered                       | Agent      |                             |  |
|   | ,   |   | Name  |  |  |            |                             |  |
| ROJAS, JUAN<br>175 FONTAINEBLEAU BLVD                             |   |   | Street Address  | Street Address (P.O. Box Number is Not Acceptable) |  |            |                             |  |
| SUITE 2G-6A<br>MIAMI FL 33172                                     |   |   | City  |  | FL   | Zip Cod    | e                           |  |
| 6 Th  | named entity submits this statement for the   |   | mintored office or regio                                | *****  |  | <u>.</u>   |                             |  |
| Tax filing r  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!!   | FEE IS \$150.00 Fee will be \$550.00 to Department of S | )  | 10. Election Campaign Financing Trust Fund Contribution. |            | May Be to Fees              |  |
| 11.   | OFFICERS AND DI   | RECTORS   | 12.   | AD   | DITIONS/CHANGES TO OFFICERS AND                          | DIRECTOR   | S IN 11                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | PD<br>ROJAS, JUAN<br>12002 S.W. 4TH TERRACE<br>MIAMI FL 33184   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |  |  | Change     | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | STD<br>ROJAS, AIDA<br>12002 S.W. 4TH TERRACE<br>MIAMI FL 33184  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |  |  | Change     | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |  |  | ☐ Change   | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |  |  | ☐ Change   | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |  |  | Change     | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | certify that the information supplied with th   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   | Sastion :  | 110.07/2Vi) Florido Statutos I further co                | Change     | Addition Addition           |  |

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: \_

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wan Rojas - President 305-221-9443
Date Date Daytime Phone #