2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

TYPED OR PRINTED NAME OF

Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90250 010 ***150 00 **DOCUMENT # P93000052436** AMERICANA DE SERVICIOS OF MIAMI, INC. Principal Place of Business Mailing Address 24058047 10550 S.W. 8TH ST 10550 S.W. 8TH ST MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2F034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 65-0425492 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, LEWIS R ESQ. Street Address (P.O. Box Number is Not Acceptable) LEWIS R. COHEN, P.A. 1111 BRICKELL AVE., SUITE 2920 MIAMI, FL 33131 City 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. Lam 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD XX Delete TITLE PD Change Addition TITLE ABELLO, WALTER NAME NAME Miquel Bueno STREET ADDRESS STREET ADDRESS 10550 S.W. 8TH ST. 1055**0**S.W. 8th Street CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 Miami, FT. 33174 ☐ Change D ☐ Delete TITLE SVPD Addition TITLE Javier Jaramillio BUENO, MIGUEL NAME NAME 10550 S.W. 8th Street 10550 S.W. 8TH ST. STREET ADDRESS STREET ADDRESS Miami, FL 33174 CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-7P Change FAD TITLE ☐ Addition Delete TITLE FA T JARAMILLO, JAIME A NAME Jaime Jaramillio STREET ADDRESS STREET ADDRESS 10550 S.W. 8TH ST. 10550 S.W. 8th Street CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 Miami, FL 33174 ☐ Change Addition TITL F ☐ Delete TITLE OFO 🍜 Jaime Correa NAME NAME 10550 S.W. 8th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Miami, FL 33174 ☐ Change (Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing poes 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 scaurate 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 of the receiver or trustee ampowered 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 attaching the mittage and that my name appears with all other like empowered. M16401

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