

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


AMENDED FILED

03 MAY -7 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000062762**

1. Entity Name  
**GONZYOLA INVESTMENTS, INC.**



Principal Place of Business  
8120 SW 160 STREET  
MIAMI, FL 33157 US

Mailing Address  
P O BOX 1105  
MIAMI, FL 33256-105 US

2. Principal Place of Business  
601 Brickell Key Drive  
Suite, Apt. #, etc.  
Suite 201  
City & State  
Miami, Florida

3. Mailing Address  
601 Brickell Key Drive  
Suite, Apt. #, etc.  
Suite 201  
City & State  
Miami, Florida

Zip  
33131

Country  
USA



CHECK HERE IF MAKING CHANGES

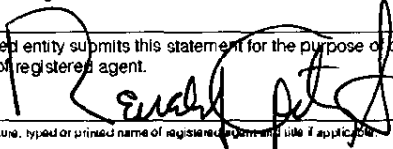
4. FEI Number **65-0518699** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
ASTUDILLO, ALEX  
8120 SW 160 STREET  
MIAMI, FL 33157

7. Name and Address of New Registered Agent  
Name **Renaldy J. Gutierrez**  
Street Address (P.O. Box Number is Not Acceptable)  
**601 Brickell Key Drive**  
Suite 201  
City **Miami** FL Zip Code **33131**

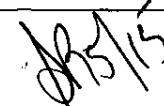
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **RENALDY J. GUTIERREZ** DATE **5-5-03**

Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating)

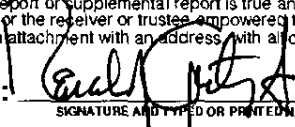
FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEVILLA, GONZALO 8120 SW 160 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEVILLA, GONZALO 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEVILLA, YOLANDO 8120 SW 160 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEVILLA, YOLANDA 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEVILLA, ESTEBAN 8120 SW 160 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEVILLA, ESTEBAN 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J. 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100018462281</b> <b>05/07/03--01097--001 **61.25</b>
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

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **RENALDY J. GUTIERREZ** DATE **5-5-03** (305) 577-4500

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