

A M E N D E D

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

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT #** P94000066029

**1. Entity Name**  
VINCENT IMPORT AND EXPORT, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 200 S. Biscayne Blvd.		<b>3. Mailing Address</b> 200 S. Biscayne Blvd.	
Suite, Apt. #, etc. Suite 4100		Suite, Apt. #, etc. Suite 4100	
City & State Miami FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0521853		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>		
	Name Corporate International Registered Agents, Inc.		
	Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Blvd. - Suite 4100		
	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.**

**SIGNATURE** [Signature] **DATE** 3/5/02

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

<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>(Amended UBR is \$61.25)</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> CASTRO, GILBERTO c/o 200 S. Biscayne Blvd. #4100 Miami, FL 33131	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>200005145662--0</b> -03/22/02--01025--009 *****61.25 *****61.25
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**DO NOT WRITE IN THIS SPACE**

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

**SIGNATURE:** [Signature] **DATE** 3/5/02 **PHONE** (305) 577-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

BB