

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068679

1. Entity Name

MOCAAN, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 Brickell Ave.	3. Mailing Address 701 Brickell Ave.
Suite, Apt. #, etc. Suite 3000	Suite, Apt. #, etc. Suite 3000
City & State Miami, Florida	City & State Miami, Florida
Zip 33131	Country 33131

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90116 018 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0536153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
INTRASTATE REGISTERED AGENT CORP

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave. Suite 3000

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 • May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Störmann, Detlef F 701 Brickell Ave, Suite 3000 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lasaga, Manuel 701 Brickell Ave., Suite 3000 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

*Detlef F. Störmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02

Date

Daytime Phone #

CR2E034B (12/01)