FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P940008				74 05-13-2002 90160 021 ***150.00	
Aremar Trading Corp.					
		<u> </u>			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 7270 N.W. 12th St. 7270 N.W. 12th St.			st.		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 761 Suite 761 City & State City & State		761		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	
City & State Miami, FL Miami, FL				65-0534775	Not Applicable
Zip Country Zip 33126-1929 3312		3126-1929		5. Certificate of Status Desired \$8.75 Additional Fee Required	
				. Name and Address of Current Registered Agent	
Name Ravelo,					
IN THIS SPACE			s (P.O. Box Number is Not Acceptable) ontainebleau Blvd.		
			Apt. 104		
City			7 in 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.					
6. The above hamed entity sub-	tiles this statement for the purpose	or changing its reg	istaled blitca of	registered agent, or both, in the State of	Fiorida,
SIGNATURE	rinted name of registered agent and title	a if anntiochla (h	IOTE: Desistered A	and clausting required them educated in a	DATE
	1	e ir applicable. (r anuary 1 - May 1 F		gent 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) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State					
	OFFICERS AND DIRECTORS				£
TITLE D/P/S/T					12/0
NAME Ravelo, Rafael STREET ADDRESS 9429 Fontainebleau Blvd., Apt. 104			ET ADDRESS		4B (
CITY-ST-ZIP Miami, FL 33172			ST-ZP		CRZE034B (1201)
_iure		TITLE			CRZ
NAME STREET ADDRESS		3333343	NAME STREFT ADDRESS		
CITY - ST - ZIP		3333353	ST - ZIP		
TITLE		TITLE			
NAME STREET ADDRESS CITY - ST - ZIP			T ADDRESS		
			DO NOT WRITE		RITE
TITLE		TITLE		IN THIS SP	ACE
NAME Street address			ET ADDRESS		
CITY - ST - ZIP	•	669/669/68	ST - ZIP		
TITLE		TITLE NAME			
NAME STREET ADDRESS			TADORESS		
CITY - ST - ZIP			ST - 219		
TITLE		THE			
NAME STREET ADDRESS		NAME			
CITY - ST - ZIP			T ADORESS ST - ZIP		
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 exporation 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: Rafael Ravelo / /22/02 305-477-6116 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #					
SIGNAL VI	JE AND ITTED OK PRINTED NAME (ar Signing OfficeR	OR DIRECTOR	/ Date/	Daytime Phone #