

DOCUMENT # P95000006058

1. Entity Name

Jose Canseco Inc. ✓

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 040 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 Collins Ave.

3. Mailing Address
5601 Collins Ave

Suite, Apt. #, etc.
CU-1

Suite, Apt. #, etc.
CU-1

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH FL

4. FEI Number
65-0551984

Applied For
Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Louis M. Hillman-Walker

Street Address (P.O. Box Number is Not Acceptable)
10 N.W. Le Jeune Rd.

Suite 600

City
MIAMI

FL

Zip Code
33126

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]

(NOTE: Registered Agent signature required when reinstating)

4/19/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January to May: Fee is \$150.00
After May 1: Fee is \$450.00
Amended UBR is \$87.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director / Pres.
Jose Canseco Jr.
5601 Collins Ave. CU-1
MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (305) 865-4300

Date City/State Phone #