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Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90969 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014691

1. Entity Name
ALBATROSS INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
1581 BRICKELL AVE SUITE 406 MIAMI, FL 33129-1234 US	1581 BRICKELL AVE SUITE 406 MIAMI, FL 33129-1234 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2333 BRICKELL AVE	2333 BRICKELL AVE
Suite, Apt. #, etc. PH-106	Suite, Apt. #, etc. PH-106
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129 / Country DADE	Zip 33129 / Country DADE

4. FEI Number 65-0558017 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AROCENA, FEDERICO J 1581 BRICKELL AVE #406 MIAMI, FL 33129	Name Street Address (P.O. Box Number is Not Acceptable): 2333 BRICKELL AVE #1803 City: MIAMI FL Zip Code: 33129

NEW ADDRESS →

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILING 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 PD NAME AROCENA, FEDERICO A STREET ADDRESS 1581 BRICKELL AVE SUITE 406 CITY-ST-ZIP MIAMI, FL 331291234	☐ Delete	TITLE NAME STREET ADDRESS 2333 BRICKELL AVE PH-106 CITY-ST-ZIP MIAMI FL 33129	☒ Change ☐ Addition
TITLE D NAME AROCENA, FEDERICO J STREET ADDRESS 1581 BRICKELL AVE SUITE 406 CITY-ST-ZIP MIAMI, FL 331291234	☐ Delete	TITLE NAME STREET ADDRESS 2333 BRICKELL AVE #1803 CITY-ST-ZIP MIAMI FL 33129	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)