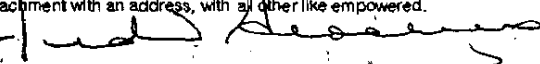


FILED
Apr 07, 2003 8:00 am
Secretary of State

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 1581 BRICKELL AVE SUITE 406 MIAMI, FL 33129-1234 US			Mailing Address 1581 BRICKELL AVE SUITE 406 MIAMI, FL 33129-1234 US		
2. Principal Place of Business 2333 BRICKELL AVE		3. Mailing Address 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		4. FEI Number 65-0558017	
5. Certificate of Status Desired ☐		Applied For ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AROCENA, FEDERICO J 1581 BRICKELL AVE #406 MIAMI, FL 33129				7. Name and Address of New Registered Agent	
NEW ADDRESS →				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				2333 BRICKELL AVE #1803	
				City MIAMI FL Zip Code 33129	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! 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					
TITLE	PD	☐ Delete			
NAME	AROCENA, FEDERICO A				
STREET ADDRESS	1581 BRICKELL AVE SUITE 406				
CITY-ST-ZIP	MIAMI, FL 331291234				
TITLE	D	☐ Delete			
NAME	AROCENA, FEDERICO J				
STREET ADDRESS	1581 BRICKELL AVE SUITE 406				
CITY-ST-ZIP	MIAMI, FL 331291234				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☒ Change ☐ Addition			
NAME					
STREET ADDRESS	2333 BRICKELL AVE PH-106				
CITY-ST-ZIP	MIAMI FL 33129				
TITLE		☒ Change ☐ Addition			
NAME					
STREET ADDRESS	2333 BRICKELL AVE #1803				
CITY-ST-ZIP	MIAMI FL 33129				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  4/3/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					