

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 025 \*\*\*150.00

CR200319 AV

DOCUMENT # **P95000027903**

1. Entity Name  
**KOWELL CORPORATION**



Principal Place of Business  
**3850 S.W. 87 AVENUE  
SUITE 302  
MIAMI FL 33176  
US**

Mailing Address  
**10061 SW 90 AVE  
MIAMI FL 33176  
US**



2. Principal Place of Business  
**3850 S.W. 87 AVE  
Suite, Apt. #, etc.  
302**

3. Mailing Address  
**3850 S.W. 87 AVE  
Suite, Apt. #, etc.  
302**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0688489**

Applied For  
Not Applicable

Zip  
**33165**

Country  
**USA.**

Zip  
**33165**

Country  
**USA.**

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

**FERNANDEZ, JOSE M  
10061 SW 90 AVE  
MIAMI FL 33176**

Name **FERNANDEZ, JOSE M**

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

**10061 S.W. 90 AVE**

City **MIAMI**

**FL**

Zip Code **33176**

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

**02/14/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P FERNANDEZ, JOSE M 10061 SW 90 AVE MIAMI FL 33176</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SOTO, ANA M 10061 SW 90TH AVE MIAMI FL 33176</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT FERNANDEZ, JOSE M. 10061 S.W. 90 AVE MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY FERNANDEZ, ANA M. 10061 S.W. 90 AVE MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jose M. Fernandez (305) 2277366** **02/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)