DOCUMENT # P95000096449

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

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LA ISLA, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	DO NOT WRITE	IN THIS S	PAC	Ē	A				
	Place of Business	3. Mailing Address	.*	<u> </u>					
	120 S.W. 24th Road P.O. Box 252 Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	Δ	City & State			4 5				Ent.
Miami, F	City & State Miami, Florida City & State Key Biscayne, Florida				4. [650641207		Applied Not App	
^{Zip} 33129	Country U.S.A.	^{Zip} 33149	Counti U.S.A		5. C	ertificate of Status Desired		8.75 Additiona ee Required	1
West along				Name A		me and Address of Current	Registered /	Agent	
:	DO NOT W	RITE .		Α	ntonio G.				
· : *	IN THIS SP					ox Number is Not Acceptable	,		
					dgewood			,	
		. (b. 7.6)		City Key	Biscayne	2	FL	Zip Code 33149	
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a	A ind title if applicable. (NOT	ntoni E: Registered	O G • Z	Aguirre	9.	-3-02 Date		
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	Aπer May Amende Make Check Paya	1, Fee is d UBR is	\$550.00 \$61,25		10. Election Campaign Fin. Trust Fund Contribution		\$5.00 Ma Added to Fe	
11.	D, P	DIRECTORS	THILE		*	ے در اور ان	المنتقل وتستق ويشتقوان	والمناس المناس المناس	= = = =
NAME STREET ADDRESS CITY-ST-ZIP	Antonio G. Aguirre 141 Crandon Bouleard, Su Key Biscayne, Florida	哲 40	NAME	T ADDRESS			1303 0/02(*61.25	7 3 3 - 0102707 18****	25 25 25 25 25
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D, S Veronica Wolman 141 Crandon Boulevard, S Key Biscayne, Florida	uite #240 33149	TITLE NAME STREET CITY-S	T ADDRESS					CR2E034B
TITLE NAME STREET ADDRESS' CITY-ST-ZIP	D, VP _Claudio_Sapetnitzky 131 Island Drive Key Biscayne, Florida.	·	TITLE NAME STREET CITY-S	TADDRESS N	3	DO NOT	WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T Claudia Batlle-Sapetnitzky 131 Island Drive Key Biscayne, Florida		TITLE NAME STREET CITY-S	ADDRESS		IN THIS S	SPAC	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS	· · · · · · · · · · · · · · · · · · ·		Sak Million Street Sak Million Street Sak Million Sak	Q 3	\$1
TITLE NAME STREET ADDRESS CITY-ST-ZIP								**	* * * * * * * * * * * * * * * * * * * *
13. I hereby condicated of the conditachmen	tertify that the information supplied with on this report or supplemental report is poration or the receiver of trustee emp of with an address, with all other like em	this filing does not qualify fo true and accurate and that r owered to execute this repo powered.	r the exem ny signatu rt as requi	iption stated ire shall having the by Cha	d in Section 1 e the same le pter 607, Flori	19.07(3)(i), Florida Statutes. I gal effect as if made under o da Statutes: and that my nan	further certify ath; that I am ne appears in	that the informa an officer or dire n Block 11 or on	tion ector an

305-365-5433 Daytima Phone #

9-3-02

Antonio G. Aquirre, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y 1.17/02