

**FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 28, 2002 8:00 am  
Secretary of State**

05-28-2002 91739 039 \*\*\*550.00

**DOCUMENT # P96000023185**

1. Entity Name

Awo Elerin IFA-LETI U.S.A., Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13550 S.W. 99th Ct.

Suite, Apt. #, etc.

3. Mailing Address

13550 S.W. 99th Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0662359

Applied For

Not Applicable

Zip

33176-6117

Country

Zip

33176-6117

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Proenza, Maria E.

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

13550 S.W. 99th Ct.

City

Miami

FL

Zip Code

33176-6117

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P/T	Proenza, Jorge F.	13550 S.W. 99th Ct.	Miami, FL 33176-6117				
D/S	Proenza, Maria E.	13550 S.W. 99th Ct.	Miami, FL 33176-6117				

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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:

Jorge F. Proenza

305-232-2766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #