

2004

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 041 ***150.00

DOCUMENT # P96000023185
1. Entity Name Awo Elerin IFA-LETI U.S.A., Inc.

DO NOT WRITE IN THIS SPACE

54022560

2. Principal Place of Business 13550 S.W. 99th Ct. Suite, Apt. #, etc.	3. Mailing Address 13550 S.W. 99th Ct. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0662359	Applied For <input type="checkbox"/> Not Applicable
Zip 33173-6117	Country USA	Zip 33173-6117	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 33173-6117

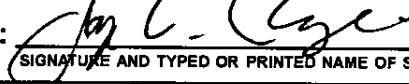
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D/P/T	NAME Proenza, Jorge F.	TITLE	NAME
STREET ADDRESS 13550 S.W. 99th Ct.	CITY - ST - ZIP Miami, FL 33173-6117	STREET ADDRESS	CITY - ST - ZIP
TITLE D/S	NAME Proenza, Maria E.	TITLE	NAME
STREET ADDRESS 13550 S.W. 99th Ct.	CITY - ST - ZIP Miami, FL 33173-6117	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
DO NOT WRITE IN THIS SPACE			
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jorge F. Proenza** **3/23/04** **305-232-2766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)