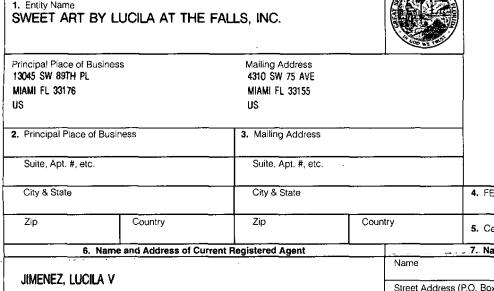
04-14-2003 90734 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000028183 DOCUMENT #

1. Entity Name



|--|

| | | | | | (1881 ISLAL 11881 LEIP | | |
|---|--|-----------------------------------|-----------------------------------|--|--------------------------------|----------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | 1 6 1161 1001 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI Number 65-0681915 | 65-0681915 Applied Not Applied | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Addition | onal | |
| 6. Name and Address of Current Registered Agent | | | , | 7. Name and Address of New Registered Agent | | | |
| | | | Name | | | | |
| JIMENEZ, | LUCILA V | | | 100 0 | | | |
| - | NADA BLVD. | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | ABLES FL 33134 | | · - | | | | |
| CONAL G | ADLES FL 33134 | | | | | | |
| | | | City | FL | Zip Code | | |
| n The chous | a named ontity out mite this statement | for the purpose of changing its | registered office or regis | stered agent, or both, in the State of Florida. I am | familiar with on | d cocont | |
| | tions of registered agent. | To the purpose of changing its | registered office of regi | stered agent, or both, in the state of Florida. Tan | idililiai wilii, alii | a accept | |
| illie obliga | nons or registered agent. | | | | | | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered age | ent and title if applicable. (NOT | E: Registered Agent signature req | uired when reinstating) DATE | | | |
| F | ILE NOW!!! FEE IS \$150.00 | | | | | | |
| | r May 1, 2003 Fee will be \$550.0 | o . | | 9. Election Campaign Financing | \$5.00 | | |
| | k Payable to Florida Department | | | Trust Fund Contribution. | | rees | |
| 10. | OFFICERS AN | D DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS I | V 11 | |
| TITLE | PD · | Delete | TITLE | ADDITIONS/CHANGES TO OFFICE IN AND | | Addition | |
| NAME | JIMENEZ, LUCILA V | ☐ Delete | NAME | | Change [| Addition | |
| STREET ADDRESS | 1217 GRANADA BLVD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | CITY-ST-ZIP | | | | |
| | VP | | | | Change [| T Addition | |
| TITLE | '' | ☐ Delete | TITLE | • | Change [| Addition | |
| NAME | JIMENEZ, ANDRES F | | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1217 GRANADA BLVD. CORAL GABLES FL 33134 | | STREET ADDRESS CITY-ST-ZIP | | | | |
| | CURAL GABLES PL 33134 | | _ | · <u></u> | | | |
| TITLE | | - 🔲 Delete | TITLE | | Change [| ^Addition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u> </u> | | | |
| TITLE | | ☐ Delete | TITLE | | Change [| Addition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | Change [| Addition | |
| NAME | J | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | l | | CITY-ST-ZIP | | | | |

12. I hereby certify that the information supplied with this filling 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 trustae 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition