2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000045196



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Nar AUBURY		02-24-2003 90172 017 ***150.0			0.00			
Principal Pla 3077 VIRGIN MIAMI FL 33 US		Mailing Address 3077 VIRGINIA STREET MIAMI FL 33133 US				1 1 1 1 1 1 1 1	A	-
2. Principal f	TH TERR	ALE		FO N S ini Si ni Bili Bili II				
Suite, Apt.	601	Suite, Apt. #, etc. # 1601	#1601		CHECK HERE IF MAKING CHANGES			_
City & Star	MI, FL	1 (1/10/11/1	-i		4. FEI Number 59-338083	າ ⊢	Applied For Not Applicable	
^{Zip} 331	6. Name and Address of C		Country US		5. Certificate of Status Desired	□ \$8.75 A Fee Requi		
	Name	7. Name and Address of New Registered Agent						
CARVALI 3077 VIR MIAMI FI	A D S	Street Address (P.O. Box Number is Not Acceptable) 185 SE 14th TERRACE; VIIIT 1601						
			City			FL Zip Co	31	
signature	Signature, paed or printed name of register FILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$5.0 k Payable to Florida Departm	00 50.00	egistered Agent signatu		·	OZ/11/03 Date nancing - \$5:	00 May Be	
10.	OFFICER	S AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARVALHO, GUILHERME 3077 VIRGINIA STREET MIAMI FL 33133	№ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ADDI 185	AND PIMENTA SE 14TH TERME TMI, FL 33131	₩Change € #1601	Addition	E004 (40/00)
TITLE Name Street address City-St-Zip	CEO CARVALHO, GUILHERME 3077 VIRGINIA STREET MIAMI FL 33133	© Velete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEC ADR	i and Pimenta Se 14th terra	CF # 1601	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAUDIO BARCHI, ANTON 800 BRICKELL AVENUE, # MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	185	MAI, FL 331 HERME CARVILLIA SE 14TH TERRACE MI, PL 33131	#1601	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CARVALHO, LEONARDO F 3077 VIRGINIA STREET MIAMI FL 33133	© Delete P. F.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE————————————————————————————————————	partify that the information quality	□ Delete □ □	NAME STREET ADDRESS CITY-ST-ZIP			Change		

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 eath; 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:

WIE REMORIANO PINENTA

02/18/03

(305) 416-5070