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

DOCUMENT # P97000017632

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90202 040 ***158.75

i. Endry Nea	ASA ENTERPRIS	SES, INC.				01-23-2003 902	202 04	10 1 138.73	
DO NOT WRITE IN THIS SPACE						90008711			
2. Principal 8333	Place of Business NW 64 STREET	3. Mailing Address 8201: NW 66 STREET							
Suite, Apt	i. #, etc.	Suite, Apt. #, etc. U				DO NOT WRITE IN THIS SPACE			
City & Sta	r, fl	City & Siate MIAMI, FL			4 . F	4. FEI Number 65-0741546 Applied For			
								Not Applicable	
^{Zip} 316	6 ÜS	33166	บัร	ıy	5. (Certificate of Status Desired		8.75 Additional ee Required	
era ¥ ≥ ≥	يهامج في المراجع الم	iga Naj ya wakana 191 ka s		Name .		me and Address of Current Regi		Agent	
DO NOT WRITE IN THIS SPACE				AGUIAR, ANTONIO SERGIO					
				Street Address (BO. Box Number is Not Acceptable)					
	114 11110 01	ACL							
				City 1	IMAIM		FL	Zip 39314 66	
8. The above	e named entity submits this statement for	the purpose of changing its	registere	d office or re	egistered age	ent, or both, in the State of Florida.			
SIGNATUPE	Signature, typ ad or printed name of registered agent a				AGUIA required when rei		1 / 1 DATE	0/2003	
9. This corporation is eligible to satisfy its Intangible After May 1, Check Payable Check Payable				\$550.00 \$61.25		Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS							
TITLE NAME	AGUIAR, ANTONIO S		TITLE NAME				ų.		
STREET ADDRESS	8333 NW 64 STREET			T ADDRESS					
CITY-ST-ZIP TITLE	MIAMI, FL 33166		TITLE	ST-ZIP					
NAME			NAME	-		•			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				-	
TITLE			TITLE	ST-ZIP					
NAME	-	* *	"NAME	الأدو س	s + str	المراجعة المراجعة وغلواس المستعينية المعتقوب	y John Control	tamera i "America" d e general i e e e e e e e e e e e e e e e e e e	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		DO NOT W	RI1	re :	
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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.

ANTONIO S. AGUIAR

01/10/2003 (305)994-2100

Date

Daytime Phone #