2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000018898

1. Entity Name: South American International Legal Center, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2151 LeJeune Rd.	2151 LeJeune Rd.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 65-0834239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Victor A. Careaga, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2151 LeJeune Rd. Suite 200

City: Coral Gables. FL Zip Code: 33134

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: Victor A. Careaga Victor A. Careaga, ESQ. 5/22/03
Signature, type or print 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D NAME: Victor A. Careaga STREET ADDRESS: 11203 N.W. 73 Terrace CITY-ST-ZIP: Miami, FL 33178	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000019850760 05/23/03--01087--007 **150.00
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000019850760 05/23/03--01087--008 **150.00
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000019850760 05/23/03--01087--009 **8.75
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor A. Careaga Victor A. Careaga, ESQ. 5/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

gr 5/30