FOR PROFIT CORPORATION

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST.ZIP

CITY-ST-ZIP

Mar 27, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # P 97000053097 03-27-2002 90083 031 ***150.00 JUAN RIBAS INC. DO NOT WRITE IN THIS SPACE B0053569 2. Principal Place of Business 3. Mailing Address 501 MINUTEMAN CAUSEWAY 1501 MINUTEMAN CAUSEWAY DO NOT WRITE IN THIS SPACE City & State BEACH, FLORIDA 4. FEI Number Applied For BEACH 65-0771790 Not Applicable Country S A \$8.75 Additional 7. Name and Address of Current Registered Agent === DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1501 MINUTEM AN CAUSEW IN THIS SPACE City COCOA BEACH Zip Code 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 MCWHORTER (NOTE: Registered Agent signature required when reinsta January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. П Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE ROBER MCWHORTER #102 NAME NAME STREET ADDRESS STREET ADDRESS BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP

13. 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.

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

IN THIS SPACE

- ROGER MCWHORTER-March 15, 2002 - 321-784-5030 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR