


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

| | |
|--|---|
| DOCUMENT # P97000063738 |  |
| 1. Entity Name GRUPO MILENIO III, INC. | |

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 2. Principal Place of Business 852 SW 142 Ct. | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Miami, FL | City & State |
| Zip 33184 | Country |

FILED
03 OCT 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700024290777
10/30/03--01055--004 **158.75

REINSTATEMENT 03

| | | | |
|---|--|--|-------------------------------|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 65-0772213 | | Applied For Not Applicable |
| | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name LYDIA R. LEMUS | | |
| Street Address (P.O. Box Number is Not Acceptable) 852 S.W. 142 Ct. | | | |
| City MIAMI | | | |
| State FL | | | |
| Zip Code 33184 | | | |

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  **LYDIA R. LEMUS** **10-27-03**
Signature of officer, director, or registered agent, or both, as applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

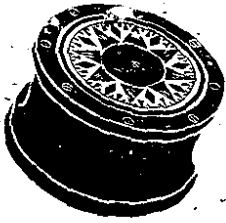
| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, SEC. DIR. LYDIA R. LEMUS 852 SW 142 Ct. MIAMI, FL 33184 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER, DIR. JORGES L. ARES 852 SW 142 Ct. MIAMI, FL 33184 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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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:  **10-27-03** **305.485-5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



Grupo Milenio, Inc.

Where Direction, Precision, & Marketing Meet.

10-27-03

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314-6327


Gentlemen:

I never received the original form.

I'm sending the form with the check with the new address.

I thank you in advance for your attention to this matter.

Sincerely,


LYDIA R. LEMUS