


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90022 015 ***150.00

DOCUMENT # P97000073300		
1. Entity Name MCA INVESTMENT INC.		

Principal Place of Business 601 BRICKELL KEY DR., SUITE 501 MIAMI, FL 33131-2651	Mailing Address 601 BRICKELL KEY DR., SUITE 501 MIAMI, FL 33131-2651
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44011636



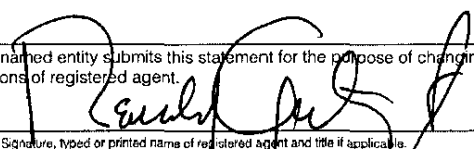
2. Principal Place of Business 601 Brickell Key Drive		3. Mailing Address 601 Brickell Key Drive	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0778087		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DR., SUITE 501 MIAMI, FL 33131-2651		7. Name and Address of New Registered Agent Name Gutierrez, Renaldy J. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive, Suite 201 City Miami FL Zip Code 33131	
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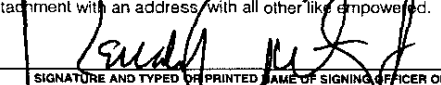
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Renaldy J. Gutierrez** 02/19/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ARGUINDEGUI, CARLOS G <input type="checkbox"/> Delete AVENIDA DE MAYA 881 TERCER PISO BUENOS AIRES, AR	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GUTIERREZ, RENALDY 601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Renaldy J. Gutierrez** 2/19/2004 305-577-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #