2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P97000084221 LUICARPA INVESTMENTS (USA), INC. Mailing Address Principal Place of Business P.O. BOX 1650 5900 CASA DEL REY CIR. WINDEMERE, FL 34786-1650 ORLANDO, FL 32809 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3470554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORCHILLES, FRANCISCO DO NOT WRITE 5900 CASA DEL REY CIR. ORLANDO, FL 32809 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ORCHILLES, FRANCISCO JR STREET ADDRESS 5900 CASA DEL RAY CIR ORLANDO, FL 32809 CITY-ST-ZIP 000000054911 02/17/04-80015-009 150.00 TITLE ORCHILLES-PABLO, FRANCISCO ŚR NAME STREET ADDRESS 5900 CASA DEL RAY CIR CITY-ST-ZIP ORLANDO, FL 32809 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the 4 cemption 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 cath; that I am an officer or director of the corporation or the receiver or that e 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FRANCISCO ORCHILLES

ED NAME OF SIGNING DEFICER OR DIRECTOR

FILED