

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91168 012 \*\*\*150.00

DOCUMENT # *P98000012812*

1. Entity Name:

*AFINIDAD CORPORATION*

Principal Place of Business

Mailing Address

*9330 S. DIXIE HWY - PH 2*  
*MIAMI FLA 33156*

*9330 S. DIXIE HWY - PH 2*  
*MIAMI FLA 33156*

2. Principal Place of Business

*3533 NW 82 AVE*

3. Mailing Address

*3533 NW 82 AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI FLA*

City & State

*MIAMI FLA*

4. FEI Number

*65-0815968*

Applied For

Not Applicable

Zip

*33122*

Country

*USA*

Zip

*33122*

Country

*USA*

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

*ROTH, LEONARDO A.*  
*9350 S DIXIE HWY PH 2*  
*MIAMI FLA 33156*

7. Name and Address of New Registered Agent

Name

*OVIES, JOA C*

Street Address (P.O. Box Number is Not Acceptable)

*2207 Douglas Rd Ste 400*

City

*Miami*

FL

Zip Code

*33145*

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.

SIGNATURE

*JOA C OVIES*

(NOTE: Registered Agent signature required when reinstating)

*4/24/01*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**FILE NOW!!**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>	<input type="checkbox"/> Delete
NAME	<i>ARAUJO, ALEJANDRO</i>	
STREET ADDRESS	<i>188 NW 87 AVE</i>	
CITY-ST-ZIP	<i>MIAMI FLA 33126</i>	
TITLE	<i>VD</i>	<input type="checkbox"/> Delete
NAME	<i>SANNA, ANTONIO</i>	
STREET ADDRESS	<i>CANTILLO 4384, CAPITAL FEDERAL</i>	
CITY-ST-ZIP	<i>BUENOS AIRES, ARGENTINA</i>	
TITLE	<i>STO</i>	<input type="checkbox"/> Delete
NAME	<i>RUBEN, ERNESTO</i>	
STREET ADDRESS	<i>CANTILLO 4384, CAPITAL FEDERAL</i>	
CITY-ST-ZIP	<i>BUENOS AIRES, ARGENTINA</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3533 NW 82 AVE</i>	
CITY-ST-ZIP	<i>MIAMI FLA 33122</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 no 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alejandro Araujo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/27/01*

Daytime Phone #

*305 392-2580*

CR2E034 (11/00)