


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

CR2E034 (10/02)

05-01-2003 90420 001 ***150.00

DOCUMENT # P98000028991					
1. Entity Name SECTION 31 TRACT 50 CORP.					
Principal Place of Business 901 PONCE DE LEON BLVD.,STE.501 CORAL GABLES FL 33134			Mailing Address 901 PONCE DE LEON BLVD.,STE.501 CORAL GABLES FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0906783	
Zip		Zip		Country	
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IRIONDO, ANDRES			Name		
901 PONCE DE LEON BLVD.,STE.501			Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE	
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing		
After May 1, 2003 Fee will be \$550.00			Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD MINI, JUAN 881 OCEAN DR. #13H KEY BISCAWAYNE FL 33134				<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	
ASD IRIONDO, ANDRES J 901 PONCE DE LEON BLVD. #501 CORAL GABLES FL 33134				<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	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<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)(l), 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: SIGNATURE OF ANDRES J. IRIONDO 4/28/03 305-445 0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #