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

FILED May 19, 2003 8:00 am Secretary of State 05-19-2003 90230 029 ***150.00

1. Entity Nan		00071849					
Principal Place of Business 8005 NORTHWEST 29TH STREET MIAMI FL 33122		Mailing Address FLOWERS SOWNONS P.O. BOX 451200 MIAMI FL 33245					
2. Principal	Place of Business	3. Mailing Address			1860 186 0 1860	I BININ INDI INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State		4. FEI Number 59-3538092		oplied For ot Applicable	
Zip	Country	Zip	Country		\$8.75 Add		
	6. Name and Address of Curre	nt Registered Agent		- 7. Name and Address of New Registered /	Agent	* A WALL T	
			Name			コ	
PONCE, CARLOS 8005 NORTHWEST 29TH STREET			Street Addres	Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FI.							
lath-min r P	,	•	City	FL	Zip Cod	e	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am f	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	and and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) OATE			
				NACI ALMAN LEREPIGINES CALLE			
Afte	FILE NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 It Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.		O May Be	
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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 Block 11 if changed, or on an attacharten with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR