


04-30-2003 90149 034 \*\*\*150.00

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

<b>DOCUMENT # P98000080531</b>		
1. Entity Name <b>SUMINELCA INTERNATIONAL CORPORATION</b> ✓		
Principal Place of Business 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149 US		Mailing Address 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149 US
2. Principal Place of Business <i>19272 NW 88 PLACE</i>		3. Mailing Address <i>19272 NW 88 PL</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>HIALEAH FL</i>		City & State <i>HIALEAH FL</i>
4. FEI Number <b>65-0862134</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PRADO, MARIO R</b> 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149		7. Name and Address of New Registered Agent Name <i>PATINO, ALEIDA S</i> Street Address (P.O. Box Number Is Not Acceptable) <i>19272 NW 88 PLACE</i> City <i>HIALEAH</i> <b>FL</b> Zip Code <i>33018</i>
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending) DATE		
<p style="font-size: small;">FILE NOW!!! FEE IS \$150.00                  After May 1, 2003 Fee will be \$550.00                  Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATINO, ALEIDA S 19272 N.W. 88TH PLACE HIALEAH, FL 33018 <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	PT VICUNA, ALEJANDRO 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149 <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	V PARDO, MARIO R, 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>PATINO, FREDDY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>19272 NW 88 PLACE</i> <i>HIALEAH, FL 33018</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVARES, RICARDO 104 CRANDON BLVD STE 421C KEY BISCAIYNE, FL 33149 <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)(1), 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: <i>[Signature]</i>		Date: <i>04/26/03</i> (305) 8292602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

*PATINO, ALEIDA S*

CR2034 (10/02)