2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003
Secretary of State

DOCUMENT# P98000084443

Entity Name: COLPRIN INTERNATIONAL, INC.

Current Principal Place of Business:

153 GIRALDA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3356 NW 47TH AVE.
COCONUT CREEK, FL 33063

New Mailing Address:

153 GIRALDA AVE.
CORAL GABLES, FL 33134

FEI Number: 65-0867844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, RAUL D
153 GIRALDA AVE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, RAUL D
Address: 8115 NW 29 ST
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete
Name: DAVIS, JAIME A
Address: 8115 NW 29 ST
City-St-Zip: MIAMI, FL 33122

Title: TD ( ) Delete
Name: ESCALANTE, LUIS F
Address: 8115 NW 29 ST
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ, RAUL D
Address: 153 GIRALDA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD (X) Change ( ) Addition
Name: DAVIS, JAIME A
Address: 153 GIRALDA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition
Name: ESCALANTE, LUIS F
Address: 153 GIRALDA AVE.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL PEREZ PD 01/13/2003

Electronic Signature of Signing Officer or Director — Date