## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #2 P98000084977  1. Entity Name  EXO CORPORATION						FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90093 007 ***150.00							
incipal Place of Business  AV. JUAN DE GARAY 1  BUENO AIRES BU 1063 ARGENTINA		Mailing Address AV. JUAN DE C BUENO AIRES BU 1063 ARGE							18 <b>8</b> () ( <b>18</b> 4) ( <b>184</b> )				
2. Principal Place of Busines	s 30 STREET	3. Mailing Addre	ess										
10913 NW Suite, Apt. #, etc.	Suite, Apt. #, etc.				D	O NOT WRITE	IN THIS SE	PACE					
	Outto, ript. ii, t	Galler, Apr. 18, eta.				JIVOT WITTE	114 [1113 31	NOL .					
City & State  MIAMI FL	DRI DA	City & State			4. FE	El Number <b>65</b>	-0872208		_ <del>                                      </del>	oplied For ot Applicable			
Zip 33172	Country	Zip	Cou	intry	<b>5.</b> Ce	ertificate of Statu	s Desired		8.75 Add	ditional			
6. Name a	nd Address of Current	Registered Agent	1	Nome	7. Na	ame and Addres	s of New Reg	istered Ag	gent				
ROTH, LEONARDO A				Name Street Addre	ne eet Address (P.O. Box Number is Not Acceptable)								
	.VD			ļ	·	<del> </del>							
3440 HOLLYWOOD BL	- <del>-</del>												
SUITE 360				City					T Zin Cod				
SUITE 360 HOLLYWOOD FL 3302  8. The above named entity s  SIGNATURE  Signature, typed or p	1 ubmits this statement for	and title if applicable	(NOTE: Register	red Agent signature req			State of Florid	FL da.	Zip Cod	e			
SUITE 360 HOLLYWOOD FL 3302  8. The above named entity s  SIGNATURE  Signature, typed or 1  9. This corporation is eligible Tax filling requirement and (See criteria on back)	ubmits this statement for printed name of registered agent to e to satisfy its Intangible dielects to do so.	and title if applicable FILE After M Make Chec	(NOTE: Register  E NOW!!! FEE ay 1, 2002 Fee k Payable to D	red Agent signature req E IS \$150.00 e will be \$550.0 Department of \$	uired when rein  O  State	nstating) 10. Election Ca Trust Fund	ampaign Finan Contribution.	DATE	\$5.0 Added	<b>0</b> May Be			
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**SIGNATURE:** 

DIE6 & SZYC HOWS KI VICE REVIDENT 29 APKIL 2002

INCLUDING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Phone \*