2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90171 035 ***150.00

DOCUMENT # P98000104972

90032265

1. Entity Name
3A HOLDINGS, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1643 Brickell Ave.	1643 Brickell Ave.
Suite, Apt. #, etc. Apt. # 4702	Suite, Apt. #, etc. Apt. # 4702
City & State Miami, Florida	City & State Miami, Florida
Zip / Country 33129 / USA	Zip / Country 33129 / USA

4. FEI Number 65-0914053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREDSO, FRANK J
901 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Miami Corporate Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor
City: Coral Gables FL Zip Code: 33134

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: Assis V.P. DATE: 2/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT RUIZ, EZEQUIEL 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BARRIOS, CARMEN 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ezequiel Ruiz 1643 Brickell Ave.,# 4702 Miami, Florida 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carmen Barrios 1643 Brickell Ave., # 4702 Miami, Florida 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Secretary Pablo Ardila Sierra 1643 Brickell Ave., # 4702 Miami, Florida 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Asst. Secretary Jaime Ardila 1643 Brickell Ave., # 4702 Miami, Florida 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Hellen Sierra Jerez 1643 Brickell Ave., # 4702 Miami, Florida 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: 2/14/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #