

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90909 001 \*\*\*750.00

55034793

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

DOCUMENT # P99000010574

Entity Name  
**FONDO NUEVO MANAGEMENT, INC.**



Principal Place of Business  
 ONE NORTH CLEMATIS ST., 2ND FLOOR  
 WEST PALM BEACH, FL 33401

Mailing Address  
 POST OFFICE BOX 3435  
 WEST PALM BEACH, FL 33402

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0897687</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLOCK, JOSEPH P JR 200 S BISCAYNE BLVD 41ST FLOOR MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when witnessing)

FILED IN MIAMI FEE IS \$150.00  
 MAY 1, 2003 Fee will be \$550.00  
 Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE F		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	CT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	VCSO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE F		NAME		
STREET ADDRESS	ONE NORTH CLEMATIS ST., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOCK, JOSEPH P JR.		NAME		
STREET ADDRESS	200 S. BISCAYNE BLVD., 41ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331312399		CITY-ST-ZIP		

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)(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: Joseph P. Klock Date: 04.29.03 Phone: 305.577.2871