

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

FILED

03 JAN 29 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020686

1. Entity Name
BUILD AMERICA, INC.



DO NOT WRITE IN THIS SPACE

01/31/03--01065--005 **185.00

2. Principal Place of Business 13200 SW 128 STREET		3. Mailing Address	
Suite, Apt. #, etc. BLDG. G		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33186	Country UNITED STATES	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650907208	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN E. FIGUERAS, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 7050 SW 86 AVE.
City MIAMI FL Zip Code 33143

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 *Juan E. Figueras* JUAN E. FIGUERAS, ESQ. 1/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MANUEL O. QUINTANA 13200 SW 128 STREET, BLDG. G MIAMI FLORIDA 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT, SECRETARY JOSE LUIS OLIVEROS 13200 SW 128 STREET, BLDG. G MIAMI FLORIDA 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT, TREASURER MAURICIO NIETO 13200 SW 128 STREET, BLDG. G MIAMI FLORIDA 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Quintana, President* 01-27-03 (305) 256-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)