FILED Mar 11, 2003 8:00 am Secretary of State

2003 FOI	R PROFIT C	ORPORATION
UNIFORM	BUSINESS	REPORT (UBR)

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DOCUMENT # P99000022114 1. Entity Name HISPACOM SANCHIS Y ASOCIADOS, INC.						03-1	.1-2003 90	143 019 *	***15	0.00	
1	lace of Busines	3\$	Mailing Address			1					
2500 DOU	GLAS ROAD		-2600 DOUGLAS ROAD - - PH G -								
	LES, FL 3313	!4-	CORAL GABLES, FL. 331	34-							
	Place of Busin		3. Mailing Address			v _d					
Z Z Suite, Ar	Ponce	<u>de Leon Bly</u>	7d 2121 Ponce Sulte, Apt. #, etc.	<u>de</u> I	eon Bl	yd'					
330			330 Suite, Apr. #, etc.			. MI CHECK HERE IF MAKING CHANGES					
City & St	-		City & State	-		4. FEI Number			Anr	olled For	7
Coral Zip.	Gable	S FL Country	Coral Gables, FL		<u> </u>	65-10	15554		 	Applicable	,
33134	33134 USA		33134	Country USA		5. Certificate of Status Desired		\$8.7	\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent			7. Name and Address (of New Regist	ered Agent	quirea		-
ORTIZ, MI	CHAEL				_{Name} ichael						1
-PH 6 -	GLAS ROAD			J.	Treet Address (I	P.O. Box Number Is Not Accede de Leon	centaple)				\dashv
-CORAL G	ABLES, FL	33134					<u> </u>				\downarrow
		,\$-			te. 330)					
8. The abov	e nameahamist	submits this statement for	or the number of the site - it-		Camal C	ables		F L 괄	313	4	
the obliga	ations of regist	ered agent.	or the purpose of changing its	registered o	Mice or registere	ed agent, or both, in the St	ate of Florida.	l am famillar	with, ar	nd accept	1
SIGNATURE		De-plinates numer of easystems argument	Michael (NOTE		Z	when minteriors		103			
1510	FILE NOW!	PEE 19 \$ 160.00									-
Make Chec	er May 1 200 k Payable to	3 Fee will be \$650.00 Florida Department	of State			9. Election Camp Trust Fund Co	iaign Financing ntribution.		5.00 dded to	May Be Fees	
10.	D	OFFICERS AND		11.		ADDITIONS/CHANGES	TO OFFICERS	AND DIREC	TORS I	N 11	┨
NAME	ORTIZ, MIC	CHAEL	☐ Delete	TITLE NAME	D			Cha		Addition	ទ្រ
STREET ADDRESS CITY-ST-ZP	1	SLAS ROAD PH 8 NBLES: FL-33134-		STREET AD	DRESS [272]	nael Ortiz Ponce de	Leon B	lvd, s	Ste.	. 330	CRZE034 (10/02
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 t hereby c indicated of the corp changed, 	ertify that the in on this report of poration or the or on an attack	nformation supplied with too supplemental report is to receiver or trustee emportant with an address, when the supplement with an address, when the supplement with an address, when the supplement with an address.	this filing does not qualify for the true and accurate and that my wered to execute this report as the all-other like empowered.	ne exemptio signature si required by	n stated in Secti- half have the sar y Chapter 607, F	on 119.07(3)(I), Florida Sta ne legal effect as if made i lorida Statutes; and that m	tutes. I further under oath; tha y name appea	certify that that I am an officers in Block 16	e inform cer or d	nation firector	
SIGNAT	- (_Oa	()	ael (lHo			76-52	:70
	_			MHECTOR		Date		Ozvime Phone		1	