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

02 MAY -1 PM 12:59 DOCUMENT # P99000057839 1. Entity Name Arguetty Management, Inc. DO NOT WRITE IN THIS SPACE ipal Place of Business Mailing Address 13801 40th Street South 2665 S. Bayshore Drive Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 703 City & State City & State Miami, Florida Wellington, Fl. 4. FEI Number Applied For 650967030 Country Not Applicable Country 33414 USA 33133 5. Certificate of Status Desired \$8.75 Additional USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive, Suite 703 IN THIS SPACE ^CMiami Zin Code 33133 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE THE NAME Arguetty, Isaac VAME STREET ADDRESS 2665 South Bayshore Drive, Suite 703 STREET ADDRESS CITY - ST - ZiP Miami, Florida 33133 CITY-ST-ZIP TITLE DV P 600005508926 Arguetty, Miriam 2665 South Bayshore Drive, Suite 703 Miami, Florida 33133 TREET ADDRESS -05/14/02--01046--005 STREET ADDRESS ITY-ST-ZIP ***1126.25 ****150.00 CITY-ST-ZIP ---TLE Richards, Timothy D. TREET ADDRESS 2665 South Bayshore Drive, Suite 703 STREET ADDRESS TY-ST-ZIF Miami, Florida 33133 DO NOT WRITE CITY-ST-ZIP , IIILE ME IN THIS SPACE NAME : REET ADDRESS STREET ADDRESS Y-S1-ZIP CITY ST-ZIP TITLE NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIF TITLE NAME EET ADDRESS STREET ADDRESS Y-ST-71P CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an

GNATURE:

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Isaac Arguetty SIGNATURE AND TYPED OF

4/9/02 (305) 858-9900