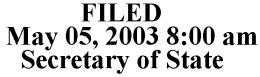
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000079637 **DOCUMENT #** 1. Entity Name



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Secretary of State	≱
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Principal Place of Business 1800 WEST 49TH STREET 301 HIALEAH FL 33012			1800 \ 301	Mailing Address 1800 WEST 49TH STREET 301 HIALEAH FL 33012						a la na ana a 1	
Principal Place of Business 3.			3. Mai	Mailing Address			-				
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	65-1002120 H			plied For t Applicable
Zip		Country	Zip		Coun	try	5.	Certificate of Status Desired [8.75 Add	itional
	6. Name	and Address of Curre	nt Registere	d Agent			7. 1	Name and Address of New Regis	tered Ag	jent	
						Name			-		
RIOS, LEOPOLDO 1800 WEST 49TH STREET				Street Address	Street Address (P.O. Box Number is Not Acceptable)						
301-		``									
HIALEAH FL 33012					City				FL	Zip Code	
8. The above the obligat	named entit ions of regist	submits this statemen eled agent.	t for the purp	ose of changing its	registere	ed office or registe	ered ag	ent, or both, in the State of Florida	. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	Registere	d Agent signature require	ed when re	einstating)	DATE	· 	
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 Florida Department						Election Campaign Financi Trust Fund Contribution.	ng 🗆		May Be to Fees
10.		OFFICERS AT	ND DIRECTO	RS	11.		AL	DDITIONS/CHANGES TO OFFICER	S AND I	DIRECTORS	S IN 11
	PSD			☐ Delete	TITLE		•			☐ Change	☐ Addition
STREET ADDRESS	1800 WES	GUSTAVO T 49TH STREET STE	301			ET ADDRESS					
		, MILAGROS		☐ Delete	TITLE	E	_			Change	Addition
STREET ADDRESS CITY-ST-ZIP	1800 WES Hialeah F	t 49th street ste L 33012	301			ET ADDRESS -ST-ZIP				<u> </u>	<u></u> .
TITLE	TD			☐ Delete	TITLE	: _				☐ Change	☐ Addition
NAME	MARGOLE	S, EDDA			NAM						
	1800 WES HIALEAH F	T 49TH STREET STE L 33012	301 ———		1	ET ADDRESS -ST-ZIP					
TITLE NAME				☐ Delete	NAMI	E			1	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP					
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - 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 Block 11 if changed, or on an attachment with an acid less, with all other like empoyaged.

05/01/03