

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000080164 1. Corporation Name Ferido Properties, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 17878 N. Bay Road #303	26 17878 N. Bay Road #303	4. FEI Number 593469494	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Miami FL	28 Miami FL		
Zip	County		
24 33160	25 Miami-Dade		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Hernan Gleizer 17878 N. Bay Road #303 Miami, FL 33160		81 Name Eduardo Garcia, Esq.	
		82 Street Address (P.O. Box Number is Not Acceptable) Grand Bay Plaza 2665 S. Bayshore Drive, Suite 200	
		83	
		84 City Coconut Grove FL 85 Zip Code 33133	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <u>K. Sarria as attorney-in-fact Eduardo Garcia, Esq.</u> 4/15/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <input type="checkbox"/> DELETE Jose A. Idone 17878 N. Bay Road #303 Miami FL 33160	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300017337703 04/30/03--01003--011 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Secretary</u> <input type="checkbox"/> DELETE Alejandro A. Idone 17878 N. Bay Road #303 Miami FL 33160	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <input type="checkbox"/> DELETE Alejandro A. Idone 17878 N. Bay Road #303 Miami FL 33160	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input type="checkbox"/> DELETE Jose A. Idone 17878 N. Bay Road #303 Miami FL 33160	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.			
SIGNATURE <u>K. Sarria as atty-in-fact for Jose A. Idone</u> 305-672-0686 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED
03 APR 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Florida Division of Banking
Suite 1401
The Capitol
Tallahassee, FL 32399

Re: Ferido Properties, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 308.75 check payable to Florida Department of State

in 2002 & 2003
We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
by K. Sarria as attorney-in-fact

Name: Jose A. Idone

Title: President

Date: 4/15/03