03/26/2003 13:41 3052258698 WS ACCOUNTING

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Secretary of State
03-31-2003 90291 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081761

1. Entity Name
PEREZ-CONDE, INC.

Principal Place of Business	Mailing Address
8000 NW 31ST STREET MIAMI, FL 33122	8000 NW 31ST STREET MIAMI, FL 33122

J000707

2. Principal Place of Business	3. Mailing Address
8000 NW 31st Street	8000 NW 31st Street
Suite, Apt. #, etc.: Suite #9	Suite, Apt. #, etc.: Suite #9
City & State: Miami, FL	City & State: Miami, FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0958600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ-CONDE, ISIDRO 3090 NW 99 PL. MIAMI, FL 33172	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: PEREZ-CONDE, ISIDRO STREET ADDRESS: 3090 NW 99 PL CITY-ST-ZIP: MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS: 5300 NW 114 AV. STE #109 CITY-ST-ZIP: Miami-FL 33178	☒ Change ☐ Addition
TITLE: VPD NAME: PEREZ-CONDE GONZALEZ, SHIMON BORJA STREET ADDRESS: 5300 NW 114TH AVE., #109 CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: ISIDRO PEREZ-CONDE G. 03/28/03 305-4688836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #