FOR PROFIT CORPORATION

n

	CIAILOKIM BOZIM	ESS REPORT	Γ (UBR)		May 13, 2002	8:00 ai	
DOCUMENT # p99000082986					Secretary of State		
	nero Posada In		Inc.		05-13-2002 90152 035 '	***150.00	
	10.0 10.3000 TV	Ternarional	<u> </u>				
	DO NOT WRITE	IN THIS S	PACE				
2. Principa	I Place of Business	3. Mailing Address	r			•	
9631 Suite A	Fountaine bleau blu	d 9631 FOUNTS	unebleau bl	لحا			
Tad	404	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Si	<i>(</i>) <i>(</i>)	City & State	1	4.	FEI Number	Applied For	
Mias Zip	Country	Miami, Fl	orida		650949407	Not Applicable	
331	72	33172	Country		Fee	75 Additional Required	
			Name	7. N	lame and Address of Current Registered Age	nt	
DO NOT WRITE				Juan Carlos Romayo Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE	Sileet Addre	ess (P.O.	Box Number is Not Acceptable)		
	11110 01	ACL	9631 6	ount	amebleau blud Apt	1200	
			E City	an	FL Z	ip Code 3317	
8. The abov	re named entity subplits this statement for	the purpose of changing its	registered office or rea	istered a	Gent or both in the State of Florida	3317	
				,	Service State of Florida.		
SIGNATURE	Signature, tyber-printed name of registered agent a	rind title if applicable. (NOTE	(VO Plesse Registered Agent signature rec	denT	04/26	102	
9. This corp	poration is eligible to satisfy its Intangible		ay 1 Fee is \$150.00		DATE DATE		
Fax filing	requirement and elects to do so.	After May	1, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing	\$5.00 May Be	
11.		Make Check Payab	e to Department of	State	Trust Fund Contribution.	Added to Fees	
TITLE	OFFICERS AND (Yezir				
NAME	Romero, Jose G. 9631 Fountainebleau		TITLE NAME		•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE	MIAMI, FL, 331	72	CITY-ST-ZIP				
	Romero, Juan C	_	TITLE				
STREET ADDRESS	Romero, Juan C 9631 Fountaine bleak	, blud # 404	STREET ADDRESS				
	Miami , FL , 3317	Σ	CITY-ST-ZIP				
TITLE NAME			TITLE				
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRITE		
TITLE			TITLE		 		
NAME STREET ADDDESS			NAME	•	IN THIS SPACE	F	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP				
NAME			TITLE :				
STREET ADDRESS			STREET ADDRESS				
CITY-S1-ZIP			CITY-ST-ZIP			1	
TITLE			TITLE				
TREET ADDRESS			NAME]	
CITY - ST - ZIP			STREET ADDRESS CITY - ST - 7IP				

13. 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 attachment with an address, with a potential report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with a potential report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

APURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

District District Phone: