

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

DOCUMENT # **P 99000104431**  
1. Create Name  
**I SATECH CORP.**

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|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>8405 NW 53 ST.</b><br>Suff. Apt. No.<br><b>C-207</b> | 3. Mailing Address<br><b>8405 NW 53 ST.</b><br>Suff. Apt. No.<br><b>C-207</b> |
| City & State<br><b>MIAMI FL</b>                                                           | City & State<br><b>MIAMI, FL</b>                                              |
| Zip<br><b>33166</b>                                                                       | Zip<br><b>33166</b>                                                           |

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|                                       |                                                                                                                                                                                  |                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> | 4. FID Number<br><b>65-0965466</b>                                                                                                                                               | Applied For<br>(the Corporation) |
|                                       | 5. Certificate of Status Document <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                        |                                  |
|                                       | 7. Name and Address of Current Registered Agent                                                                                                                                  |                                  |
|                                       | Name<br><b>ANDRES ARIAS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8405 NW 53 ST.</b><br><b>SUITE C-207</b><br>City<br><b>MIAMI, FL</b> Zip<br><b>33166</b> |                                  |

8. The officer named hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE \_\_\_\_\_ **1/24/02.**

|                                                                                                                                                                         |                                                                                                                                              |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 9. This corporation is eligible to qualify its franchise tax return as a small business under the provisions of Chapter 207, Florida Statutes. <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$250.00<br>Anticipated UBR is \$61.25<br>Make Check Payable to Department of State | 10. Closed-Account Filing Fee <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                                                                         |                                |                                |                                |
|----------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| NAME<br>OFFICER<br>OR DIRECTOR                                                                     | NAME<br>OFFICER<br>OR DIRECTOR | NAME<br>OFFICER<br>OR DIRECTOR | NAME<br>OFFICER<br>OR DIRECTOR |
| <b>P S D</b><br><b>ARIAS, ANDRES</b><br><b>8405 NW 53 ST, # C-207</b><br><b>MIAMI, FL 33166</b>    |                                |                                |                                |
| <b>CABRERES, JUAN SANTIAGO</b><br><b>15588 SW 42 ST.</b><br><b>MIAMI, FL 33193</b>                 |                                |                                |                                |
| <b>D</b><br><b>RAFAEL McCASLAND</b><br><b>CAUSE 134 # 13-83, 818</b><br><b>806074, COCONA BIA.</b> |                                |                                |                                |
| <b>D</b><br><b>ISMAEL TRUJILLO</b><br><b>CAUSE 134 # 13-83, 818</b><br><b>806074, COCONA BIA.</b>  |                                |                                |                                |
|                                                                                                    |                                |                                |                                |
|                                                                                                    |                                |                                |                                |
|                                                                                                    |                                |                                |                                |

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12. I, the undersigned, certify that the information furnished herein is true and correct, and that my signature shall have the same legal effect as if made in the presence of the Secretary of State or the Department of State. **ANDRES ARIAS**  
SIGNATURE: \_\_\_\_\_ **1/24/02 (305) 392-7950**  
PRESIDENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**1/24/02**