FILED Jan 07, 2005 8:00 am Secretary of State

ANNUAL REPORT						01-07-2005 90016 032 ***150.00				
DOCU 1. Entity Nan VISIT US										
	ce of Business	Mailing Address	<u> </u>			20000	469			
2655 LEJEUNE RD. Suite914		2655 LEIEUNE RD. Suite914			20000403					
	.ES, FL 33134 US	CORAL GABLES, FL 3:	3134 US		1 18 PH SID 111	10010 10010 11010 10111 10111			111 001 (1 400)	
2655	Place of Business LeJeune RD.	3. Mailing Address 2655 LeJeune RD.								
Suite, Apt.		Suite, Apt. #, etc. SUITE 704			01052005	Chg-P	CR2E034	ŧ (10/03)		
CoRA		City & State CORAL GABLES FL		_	4. FEI Numbe		<u> </u>	_ 	oplied For	
Zip	Country	Zip	Country			of Status Desired	\$	8.75 Add	ot Applicable ditional	
33/ <i>3</i>	6. Name and Address of Current	33/34	U5					ee Require		
	o. Haile and Address of Cartell	uedismien väelit	Name		7. Name and	Address of New	Hegistered Ag	ent		
RAATTAMA, HENRY H., JR. ESQUIRE AKERMAN SENTERFITT				Street Address (P.O. Box Number is Not Acceptable)						
ONE S.E. 3RD AVE., 28 FLOOR MIAMI, FL 33131										
IVIIAIVII, FE	. 33131		City					Zip Code		
9 The above	a named antitus submits this statement for		or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obliga	tions of registered agent.	r trie purpose of crianging its	s registered office o	or registere	agent, or bo	in, in the State of F	iorida. I am tai	niliar with,	and accept	
SIGNATURE.										
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	w beniupen enuts	hen reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5.0 Added	00 May Be d to Fees					
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OF				
NAME	LINARES, JOSE	☐ De!ete	TITLE NAME				ι	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MENORCA #10	14.4	STREET ADDRESS							
TITLE	PALMA DE MALLORCA, SP 070 DEVP	Delete	CITY+ST-ZIP	DEV	IP .			Change	☐ Addition	
NAME	CALAFAT, JUAN J	, consistent of the control of the c	NAME	RAF	AEL I	ROSSELLC	, ′	•	- .	
STREET ADDRESS CITY-ST-ZIP	C/MENORCA, 10-2 PLANTA PALMA DE MALLORCA, SP 070	011	STREET ADDRESS CITY-ST-ZIP	PALA	EKORCI 20 DE	A, 10-2 P	CA SP	670	11	
TITLE	DST	☐ Delete	TITLE	, , , _ , ,		, 220,0		Change	Addition	
NAME STREET ADDRESS	SANTOS, MONICA 2655 LE JEUNE RD., SUITE 914		NAME Street address							
CITY+ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS			NAME Street Address							
CITY+ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE				[Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	ļ						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is rporation or the receiver or trustee emporation	this filing does not qualify to true and accurate and that	r the exemption sta my signature shall	ated in Sect have the sa	tion 119.07(3)(me legal effec), Florida Statutes t as if made under	. I further certify oath; that I am	that the in an officer	nformation or director	
of the cor changed,	poration or the receiver or trustee empo or on an attachment with an address, v	wered to execute this report with all other like empowered	as required by Ch	apter 607, I	Florida Statute	s; and that my nar	ne appears in E	ilock 10 or	Block 11 if	
SIGNAT	URE: Value &	rud M	ONICA SAN	705		5 JAN 05	305	774-	9225	