

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90093 048 \*\*\*550.00

**DOCUMENT # S78399**

1. Entity Name  
**PORTFOLIO INVESTMENTS CORP.**

Principal Place of Business 100 S. BISCAYNE BLVD. SUITE #800 MIAMI FL 33131	Mailing Address 100 S. BISCAYNE BLVD. SUITE #800 MIAMI FL 33131
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2. Principal Place of Business 283 Catalonia Avenue	3. Mailing Address 283 Catalonia Avenue
Suite, Apt. #, etc. Second Floor	Suite, Apt. #, etc. Second Floor

City & State Coral Gables, Florida	City & State Coral Gables, Florida	4. FEI Number 65-0305850	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PEREZ, ALFONSO J.**  
**100 S. BISCAYNE BLVD.**  
**SUITE #800**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **ALFONSO J. PEREZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**283 Catalonia Avenue**  
**Second Floor**  
 City **Coral Gables** **FL** Zip Code **33134**

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 **8/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PEREZ, ALFONSO J.</b> <b>100 S. BISCAYNE BLVD.</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PEREZ, ALFONSO J.</b> <b>283 Catalonia Avenue, Second Floor</b> <b>Coral Gables, Florida 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **8/29/02** (305) 476 7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/02)