


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 032 ***150.00

| | |
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| DOCUMENT # V07078 |  |
| 1. Entity Name Alliston Properties, Inc. | |

10090067

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 2571 NE Kirby Avenue | | 3. Mailing Address 2571 NE Kirby Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Palm Bay, FL | | City & State Palm Bay, FL | |
| Zip 32905 | Country USA | Zip 32905 | Country USA |

DO NOT WRITE IN THIS SPACE

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|---|-----------|---------------------------------------|--|
| 4. FEI Number 59-3102307 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Corporation Company of Miami | | | |
| Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd., Suite 1500 | | | |
| City Miami | FL | Zip Code 33131 | |

**DO NOT WRITE
IN THIS SPACE**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |

| 10. OFFICERS AND DIRECTORS | | | |
|---|---|---|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/Raul Sotomayor Rinconada El Salto 202 Huechuraba, Santiago, Chile | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/Alejandro Rojas Rinconada El Salto 202 Huechuraba, Santiago, Chile | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/President/Francisco Samaniego Rinconada El Salto 202 Huechuraba, Santiago, Chile | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/Treasurer/Secretary/Rodrigo Villa Rinconada El Salto 202 Huechuraba, Santiago, Chile | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director/Francisco Sabioncello Rinconada El Salto 202 Huechuraba, Santiago, Chile | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Hernan Brain 801 Brickell Bay Drive, Suite 1161 Miami, FL 33131 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 on an attachment with an address, with all other like empowered.

| | | |
|---|-------------------|------------------------------|
| SIGNATURE: _____ | Date _____ | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

04-22-03