## Apr 17, 2003 8:00 am § Secretary of State

LUUZAUUJ

### Suffe 145  ##### FL 33169  US  2. Principal Place of Business									
Clind & State Clind & State				4. FEI Number CF 0000747 Applied For					
Miami, the Miami, the				4	65-033	2717	No	t Applicable	
33/69 Dade 33/69 D			Dace		5. Certificate of Status Desired \$8.75 Additional Fee Required				
-	6. Name and Address of Current F	7. NE	7. Name and Address of New Registered Agent						
SCOPETT	Street Address	Street Address (P.O. Box Number is Not Acceptable)							
1525 N.W. 167TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 145									
Miami Fl	City Ura	City Wiami FL Zinggogo, 169							
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									
F After Make Check			9. Election Camp Trust Fund Cor			0 May Be to Fees			
10.	OFFICERS AND D	DIRECTORS	11.	ADD	ITIONS/CHANGES	TO OFFICERS AND		IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOPETTA, GEORGE M. 1525 NW 167 STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	601 1100	N.W. 80	we.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOPETTA, JOHN R. 1525 NW 167 STREET #145 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	u	,	1	Change	Addition }	
TITLE	PD	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCOPETTA, JOHN'N' 1525 NW 167 STREET #145 MIAMI FL		NAME STREET ADDRESS CITY-ST-ZIP	16	-ي ملامة ال <b>يمي</b> ر <b>, ع</b>	IX		* .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCOPETTA, MERCEDES 1525 NW 167 STREET #145 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10		lι	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT MARTINEZ, MARLENE 1525 NW 167 STREET #145 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ıı		n	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0.07/04/) 51		Change	Addition	
indicated	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy	rue and accurate and that m	ly signature shall have the	same leg	gal effect as if made	under oath; that I a	am an officer of	or director	

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

**SIGNATURE:** 

EOGRED John R. Scopetta 4/15/03

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

Mailing Address

1525 NW 167 STREET

V33043

**DOCUMENT #** 

Principal Place of Business

1525 NW 167 STREET

SPES INTERNATIONAL CORP.

1. Entity Name