

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 040 ***150.00

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| DOCUMENT # V54281 |
| 1. Entity Name EXPORT MAGAZINE-COMPRAR, INC. |

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| DO NOT WRITE IN THIS SPACE |
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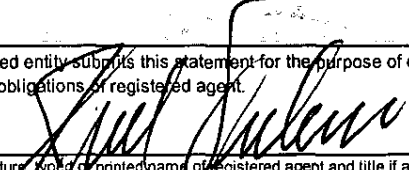
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| 2. Principal Place of Business 2921 CORAL WAY Suite, Apt. #, etc. | 3. Mailing Address 901 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 606 |
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| City & State MIAMI, FL | City & State CORAL GABLES, FL |
| Zip 33145 | Zip 33134 |
| Country US | Country US |

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| 4. FEI Number 65-0353513 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

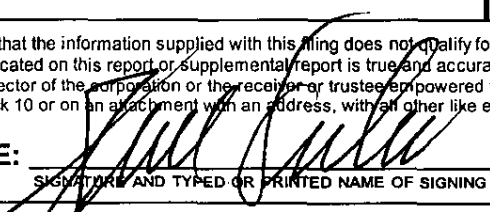
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| 7. Name and Address of Current Registered Agent | |
| Name MARCIA-FINOCCHIARO | |
| Street Address (P.O. Box Number is Not Acceptable) 3551 S.W. 23RD TERRACE | |
| City MIAMI | Zip Code FL 33145 |

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| 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  |
| <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | | |
|---|--|---|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR MARCIA RUTH FINOCCHIARO 3551 S.W. 23RD TERRACE MIAMI, FL 33145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE-PRESIDENT JUSTIN M. FINOCCHIARO 3551 S.W. 23RD TERRACE MIAMI, FL 33145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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| 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:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |
| Date | Daytime Phone # |