

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90139 042 \*\*\*150.00

<b>DOCUMENT #</b> P00000095108 1. Entity Name MERKATUM CORPORATION	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1200 ANASTASIA AVENUE Suite, Apt. #, etc. SUITE 390 City & State CORAL GABLES, FL Zip Country 33134	3. Mailing Address 1200 ANASTASIA AVENUE Suite, Apt. #, etc. SUITE 390 City & State CORAL GABLES, FL Zip Country 33134
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1047161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
 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"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME	CEO JOSE LUQUE	TITLE NAME	
STREET ADDRESS	1200 ANASTASIA, SUITE 390	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: **JOSE LUQUE**      03/03/03 305-446-1199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034B (12/02)