

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # 721781**

<b>1. Entity Name</b> THE INTERNATIONAL WOMEN'S FISHING ASSOCIATION			
<b>Principal Place of Business</b> P.O. DRAWER 3125  PALM BEACH FL 33480		<b>Mailing Address</b> P.O. DRAWER 3125  PALM BEACH FL 33480	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	
		<b>4. FEI Number</b> <b>59-6153101</b> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			
<b>7. Name and Address of New Registered Agent</b>			
<b>LEADER PAUL F</b> <b>5979 N.W. 151 STREET</b> <b>SUITE 110</b> <b>MIAMI LAKES FL 33014 US</b>		Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		<b>05/02/2001</b> DATE (NOTE: Registered Agent signature required when reinstalling)	
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete <b>POLLACK ROSELEE</b> <b>18300 SE LOXAHATCHEE RIVER RD</b> <b>JUPITER FL 33458</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>BOUTEL BETH</b> <b>5600 POINSETTA AVE #2209</b> <b>WPB FL 33407</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>YOUNG KAY</b> <b>2338 S-W&gt; ESTELLA TERRACE</b> <b>PALM CITY FL 34990</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>BASCO PAM</b> <b>849 TEXAS AVE</b> <b>PORT NOCHES TX 77651</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>MOLLE ALLENE</b> <b>896 SUMNER AVE</b> <b>JENSEN BCH FL 34957</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JUMONVILLE SHERRY</b> <b>11 OSPREY LANE</b> <b>KEY LARGO FL 33037</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>HOLEMAN KATHY</b> <b>14726 BREAKNESS PL</b> <b>MIAMI LAKES FL 33016</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MOLLE ALLENE</b> <b>896 SUMNER AVE</b> <b>JENSEN BEACH FL 34957</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input type="checkbox"/> Delete <b>LOCKER TISH</b> <b>5574 N OCEAN BLVD</b> <b>OCEAN RIDGE FL 33435</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HOLEMAN KATHY</b> <b>14726 BREAKNESS PLACE</b> <b>MIAMI LAKES FL 33016</b>
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> Pamela S. Basco		Trea 05/02/2001	

CR2E037 (11/00)