

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90061 030 ****61.25

DOCUMENT # 723621

1. Entity Name

SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC

Principal Place of Business

Mailing Address

P. O. BOX 524071
 MIAMI FL 33152

P. O. BOX 524071
 MIAMI FL 33152

2. Principal Place of Business

Mailing Address

P.O. BOX 22442

P.O. BOX 22442

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 HIALEAH, FL

City & State
 HIALEAH, FL

4. FEI Number

59-2346161

Applied For

Not Applicable

Zip 33002 Country USA

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTE'VEZ, RAFAEL M.
 1445 W. 36TH STREET
 HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP Delete
 NAME ESTEVEZ, RAFAEL M.
 STREET ADDRESS 1445 W. 36TH STREET
 CITY-ST-ZIP HIALEAH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME JAIME, MARY B
 STREET ADDRESS 141 NE 20TH ST
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME JAIME, SEBASTIAN E.
 STREET ADDRESS 137 NE 20TH ST.
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ESTEVEZ, MARTA
 STREET ADDRESS 1445 W 36TH ST.
 CITY-ST-ZIP HIALEAH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME ESTEVEZ, MARTA
 STREET ADDRESS 1445 W 36 ST
 CITY-ST-ZIP HIALEAH FL 33012

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME COUTIN, MARIA
 STREET ADDRESS 6045 NW 3RD STREET
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE PRESIDENT

Date

Daytime Phone #

FEB/02/2002 (305) 822-1688

CR2E037 (9/01)