

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91339 037 \*\*\*150.00

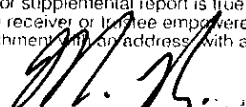
**D0054165**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # F00000002532</b>				<b>1. Entity Name</b>	
<b>AMAZONAS LTD. INCORPORATED</b>					
<b>Principal Place of Business</b> 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131		<b>Mailing Address</b> 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. # etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b>	
Zip		Zip		<b>65-0972827</b>	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>ROJAS, MARCO E</b> <b>BUTTERMAN, HABER &amp; ROJAS LLP</b> <b>520 BRICKELL KEY DR SUITE 0-305</b> <b>MIAMI, FL 33131</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>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>			<b>FILE NOW!!! FEE IS \$150.00.</b> After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State		
			<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VILLAMIZAR, ROGELIO</b>		NAME	<b>ROJAS, MARCO E</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DR SUITE 0-305</b>		STREET ADDRESS	<b>520 BRICKELL KEY DR SUITE 0-305</b>	
CITY - ST - ZIP	<b>MIAMI, FL 33131</b>		CITY - ST - ZIP	<b>MIAMI, FL 33131</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLAMIZAR, ROBERTO</b>		NAME		
STREET ADDRESS	<b>520 BRICKELL KEY DR SUITE 0-305</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI, FL 33131</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

CR2E034 (1/00)

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **MARCO E. ROJAS** **4/27/01** **(305) 374-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #