

FILED
Aug 25, 2002 8:00 am
Secretary of State

08/20/2002 14:35 3054610261

VILA & PADRON

08-25-2002 90218 018 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001456

1. Entity Name
INVERSIONES CIFUENTES C.A.

Principal Place of Business: 4206 LAGUNA ST
 CORAL GABLES FL 33146
 US

Mailing Address: 4206 LAGUNA ST
 CORAL GABLES FL 33146
 US

B0135082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **52-1858479** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **VICIANA, ENRIQUE**
 4206 LAGUNA ST
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD CIFUENTES, ADRIANO ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL CARACAS VENEZUELA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD DE CIFUENTES, SOLEDAD R ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL CARACAS VENEZUELA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD CIFUENTES, MARIBEL ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL CARACAS VENEZUELA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied herein 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 of this report.

SIGNATURE: *[Signature]* **8/20/2002**