

2000 UNIFORM BUSINESS REPORT (UBR)

4/26/00

FILED
May 24, 2000 8:00 am
Secretary of State

04-26-2000 90146 034 ****61.25

DOCUMENT # N99000000214

1. Entity Name

SOCIEDAD GABRIELA MISTRAL INC.

Principal Place of Business

**1045 WEST 31ST PLACE
HIALEAH FL 33012**

Mailing Address

**1045 WEST 31ST PLACE
HIALEAH FL 33012-4805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEZA, ENRIQUE
8705 N.W. 180TH ST.
UNIT 2B
MIAMI FL 33015**

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 his or her applicable

(NOTE: Registered Agent signature required when returning)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GALLARDO, CRESTINA	1645W 31 PL.	HIALEAH FL 33012	<input type="checkbox"/>
S	MALUJE, CECILIA	1773 WEST 60TH STREET	HIALEAH FL 33012	<input type="checkbox"/>
T	CATALAN, RAMON E	7220NW. 79 TR	MIAMI FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CREDIT (MARK)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 an agent like empowered.

SIGNATURE:

SIGNATURE: RAMON E CATALAN

4-18-2000

Daytime Phone #

TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date