

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91169 027 ***150.00

DOCUMENT # ~~XXXXXXXXXX~~ P00000080167

1. Entity Name
 AMERICAN RUMA, INC.

Principal Place of Business 536 BILTMORE WAY CORAL GABLES, FL 33134	Mailing Address 536 BILTMORE WAY CORAL GABLES, FL 33134
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2. Principal Place of Business 1446 OCEAN DR., STE. 19	3. Mailing Address 199 SW 12TH AVENUE
Suite, Apt. #, etc. SUITE 19	Suite, Apt. #, etc. STE 11

City & State MIAMI BEACH, FLORIDA	City & State MIAMI, FL	4. FEI Number 65-1034690	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country USA	Zip 33130-1056	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Andrew Cuevas, Esq. CUEVAS & RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name JORGE E. OYARCE Street Address (P.O. Box Number is Not Acceptable) JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES City 199 SW 12TH AVENUE, #11, MIAMI, FL 33130-1056
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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 JORGE E. OYARCE DATE 4/23/01

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when re-issuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 IN 11	
TITLE P/T/S NAME STREET ADDRESS CITY-ST-ZIP	MARIA E. HERNANDEZ de FERREIRA 1446 OCEAN DR. Apt. 19 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/VP NAME STREET ADDRESS CITY-ST-ZIP	RUY D. FERREIRA-HERNANDEZ <input type="checkbox"/> Delete 1446 OCEAN DR., APT. 19 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 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 persons empowered.

SIGNATURE: Maria E. Hernandez de Ferreira MARIA E. HERNANDEZ DE FERREIRA, PRESIDENT 4/23/01