

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90035 041 ***150.00

DOCUMENT # **PO1000017281**

1. Entity Name

INVERSIONES ALSED, CORP.

00018060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14300 SW 152 PL

Subs. Apt. #, etc.

3. Mailing Address

14300 SW 152 PL

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

Country

FL

Zip

33196

City & State

MIAMI FL

Country

FL

Zip

33196

4. FEI Number

65-1079165

Applied For

Next Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **ALVARADO, MARGOTH**

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

14300 SW 152 PL

City **MIAMI**

FL

Zip Code **33196**

DO NOT WRITE IN THIS SPACE

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

Margoth Lee Alvarado

(Signature of person or persons or names of registered agents and date of execution)

MARGOTH ALVARADO

(Print Registered Agent Address together with filing date)

01/11/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$81.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PIT	ALVARADO, JAIME	14300 SW 152 PL	MIAMI FL 33196
VP/S	ALVARADO, MARGOTH	14300 SW 152 PL	MIAMI FL 33196
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(1)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

Margoth Lee Alvarado

(Signature and Typed or Printed Name of Signing Officer or Director)

MARGOTH ALVARADO

01/11/02 (305) 238-4275

Date

Telephone Number

CR2E034B (12/01)