

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90458 001 ***150.00
 04-23-2002 90458 002 *****8.75

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

DOCUMENT # P01000020399

1. Entity Name **ITALFLEX AMERICA INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7000 S.W. 22 Court

3. Mailing Address
7000 S.W. 22 Court

Suite, Apt. #, etc.
Ste. 127-F

Suite, Apt. #, etc.
P.O. box 3

DO NOT WRITE IN THIS SPACE

City & State
Davie, FL.

City & State
Davie, FL.

4. FEI Number
65-1077663

Applied For
 Not Applicable

Zip Country
33317 U.S.A.

Zip Country
33317 U.S.A.

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edward J. Abramson P.A.

Street Address (P.O. Box Number is Not Acceptable)
Airport executive tower 2

7270 N.W. 12 St. suite 580

City **Miami** FL Zip Code **33126**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 \$550.00
 Amended UBR is \$61.25
 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- ST- ZIP
**P ENRIQUE E. NAVIA
 1480 Sandpiper Circle
 Weston, FL. 33327**

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP
**VP ILEANA ROMERO
 1480 Sandpiper Circle
 Weston, Fl. 33327**

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**DO NOT WRITE
 IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 *Ileana Romero* *04-09-02* **954-389-6193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)