

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

0232478 AV

DOCUMENT # P01000076261

1. Entity Name
INTERNATIONAL WORKS CORPORATION



04-16-2003 90186 014 ***158.75

Principal Place of Business
C/O FRANK SOCARRAS
201 ALHAMBRA CIRCLE, SUITE 901
CORAL GABLES FL 33134

Mailing Address
C/O FRANK SOCARRAS
201 ALHAMBRA CIRCLE, SUITE 901
CORAL GABLES FL 33134



2. Principal Place of Business
c/o Frank Socarras
Suite, Apt. #, etc. **8725 NW 18 Suite 211B/ Terr.**
City & State **Miami, FL**

3. Mailing Address
c/o Frank Socarras
Suite, Apt. #, etc. **8725 NW 18 Suite 211B Terr.**
City & State **Miami, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1126882** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JOSE A ESQ.
150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALCEDO, LILIANA ORTEGA 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALCEDO DE ORTEGA, LUCILA 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, ANGELA MARIA 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, PATRICIA E 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTEGA SALZEDO, LILIANA 150 ALHAMBRA CIRCLE, STE 1270 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDA SALCEDO, MARIA 150 ALHAMBRA CIRCLE, STE 1270 CORAL GABLES FL 33134 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Lucila Salcedo de Ortega Suite 211B/8725 NW 18 Terr. Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Maria Fernanda Salcedo Suite 211B/8725 NW 18 Terr. Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/14/2003** **305-436-0403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)