

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90102 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name P 01000078604
 KEVMEL, INC.

80050450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8777 COLLINS, Suite, Apt. #, etc. #404 City & State SURESIDE, FLORIDA Zip 33154		3. Mailing Address c/o: LEONELLO BORTOLOTT Suite, Apt. #, etc. SAME City & State SAME Country U.S.A. Zip SAME	
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4. FEI Number 65-1129697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
LEONELLO BORTOLOTT
Street Address (P.O. Box Number is Not Acceptable)
8777 COLLINS AVE, #404
City SURESIDE FL Zip Code 33154

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  LEONELLO BORTOLOTT 01/09/02
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/S/T/D EDUARDO RUBEN HAYES 8777 COLLINS AVE., #404 SURFSIDE, FLORIDA 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  EDUARDO RUBEN HAYES 2/4/02 (305) 867-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

CR2E034B (12/01)