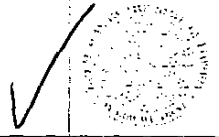


04-15-2003 90095 024 ***150.00

2000 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109521

Entity Name
DUSLEN ,INC.



90087178

Principal Place of Business
100 N BISCAYNE BLVD
2904
MIAMI FL 33132

Mailing Address
100 N BISCAYNE BLVD
2904
MIAMI FL 33132



1. Principal Place of Business
 State, Apt. #, etc. City & State

2. Mailing Address
 State, Apt. #, etc. City & State

3. Tax Number: **80-0002779**

4. Certificate of Status Desired: **NOTE: Additional Fee Required**

CHECK HERE IF MAILING TO TABLES

5. Name and Address of Current Registered Agent
BENICHAY, BRIGITTE I
100 N BISCAYNE BLVD
2904
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name: _____
 Social Address (P.O. Box Number is Not Authorized): _____
 City: **FL** Zip Code: _____

I, the above named entity, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the above named entity is the obligor of the registered agent.

SIGNATURE: *Brigitte Benichay*

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

8. Election of Service of Process: **NOTE: Additional Fee Required**

OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	PS GAD, LAURENT 18 BLU STE-BARDE ROSCOFF- FRANCE 29600	OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Amend <input type="checkbox"/> Add
OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	VPT GAD, MARIE-AMNIK 18 BLU STE- BARDE ROSCOFF-FRANCE 29680	OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Amend <input type="checkbox"/> Add
OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP		OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Amend <input type="checkbox"/> Add
OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP		OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Amend <input type="checkbox"/> Add
OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP		OFFICER NAME JOB TITLE ADDRESS CITY STATE ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Amend <input type="checkbox"/> Add

2. I hereby certify that the information supplied with this report is true and correct, and that my signature shall have the same legal effect as if made in the presence of the corporation or the corporation or the registered agent, and that my name appears on the report as required by Chapter 607, Florida Statutes and that my name appears on the report as required by Chapter 607, Florida Statutes and that my name appears on the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Laurent Gad*
 SIGNATURE AND PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR