


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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90649 047 ***150.00

DOCUMENT # P02000014 839
1. Entity Name
 AC1-Supply, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7786 NW 46 STREET
 Suite, Apt. #, etc.

3. Mailing Address
 7786 NW 46 ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FLORIDA

City & State
 MIAMI, FLORIDA

Zip 33166 **Country** USA

Zip 33166 **Country** USA

4. FEI Number 01-0669057 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

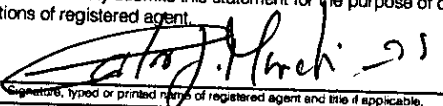
7. Name and Address of Current Registered Agent

Name Carlos J. Moratinos

Street Address (P.O. Box Number is Not Acceptable)
 7786 NW 46 ST

City Miami **FL** **Zip Code** 33166

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** 01/06/03

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 President STREET ADDRESS Carlos Jose Moratinos CITY-ST-ZIP 7786 NW 46 ST Miami, Fl. 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Vice President STREET ADDRESS Carlos Eduardo Moratinos CITY-ST-ZIP Barquisimeto, Venezuela S.A.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Treasurer STREET ADDRESS Carlos Arturo Moratinos CITY-ST-ZIP Barquisimeto, Venezuela S.A.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Secretary STREET ADDRESS Cesar Hassan CITY-ST-ZIP 7786 NW 46 ST Miami, Fl. 33166	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 01/06/03 **305-5993866**

Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #