

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 095000056847
 1. Entity Name
NACOMA, INC.

FILED
 AMENDMENT
00 NOV 13 AM 11:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
Mr. Bernardo A. Martinez
160 Montclair Dr.
Weston, FL 3326

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

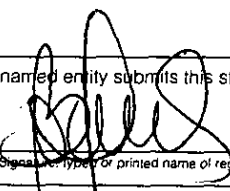
4. FEI Number 650618028 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARIA C. MARTINEZ LANDER
940 Savannah Falls Dr.
Weston, FL 33327

7. Name and Address of New Registered Agent:
 Name **Bernardo A. Martinez**
 Street Address (P.O. Box Number is Not Acceptable) **160 Montclair Dr.**
 City **Weston** FL Zip Code **33326**

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  **BERNARDO MARTINEZ** DATE **11/06/00**
Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

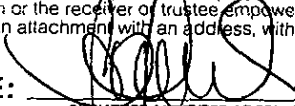
This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	DP MARTINEZ, A. BERNARDO 921 Cypress Grove Pompano Beach FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, A. BERNARDO 160 Montclair Dr. Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DVP MARTINEZ, BERNARDO E. 921 Cypress Grove Pompano Beach FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTINEZ, BERNARDO E. 160 Montclair Dr. Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	DTS DE LANDER, MARIA C. 921 Cypress Grove Pompano Beach, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, BERNARDO E. 160 Montclair Dr. Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP	300003483613--7 -12/01/00--01084--005 *****61.25 *****61.25 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBACETE, ALFONSO 160 Montclair Dr. Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, LEOPOLDO 160 Montclair Dr. Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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 Block 12 if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BERNARDO MARTINEZ** DATE **10/05/00** 954 2578675
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)