

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024467
 1. Entity Name

~~R & M INVESTMENT GROUP CORPORATION~~
G. O. D. INTERNATIONAL TRADING COMPANY INC.

Principal Place of Business Mailing Address
 15476 NW 77 Ct. #224 Hialeah, FL 33016 Same

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

FILED
 00 MAY -9 PM 4:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE
 4. FEI Number 65-0736183 Applied For Not Applicable
 5. Certificate of Status Desired **XXX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Gisela C. Otero
 10350 SW 64th St.
 Miami, FL 33173

7. Name and Address of New Registered Agent
 Name Melba Cabrera
 Street Address (P.O. Box Number is Not Acceptable)
 15476 NW 77 Ct. # 224
 City Hialeah FL Zip Code 33016

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 *Melba Cabrera*
 Signature, typed or printed name of registered agent and title if applicable (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. **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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME STREET ADDRESS CITY-ST-ZIP	Melba Cabrera <input type="checkbox"/> Delete 15476 NW 77 Ct. # 224 Hialeah, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Roberto Martin <input type="checkbox"/> Delete 15476 NW 77 Ct. #224 Hialeah, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003280883--1 -06/08/00--01016--024 ****150.00 ****150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melba Cabrera*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)