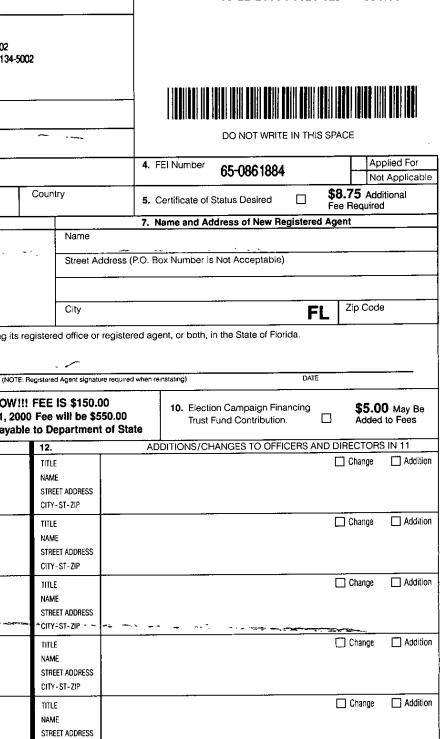
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000077834 BORBOLLA & ASSOCIATES, INC. Mailing Address Principal Place of Business 269 GIRALDA AVE. #202 269 GIRALDA AVE. #202 CORAL GABLES FL 33134 CORAL GABLES FL 33134-5002 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name BORBOLLA, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 269 GIRALDA AVE. #202 **CORAL GABLES FL 33134** City 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

FILED Jan 22, 2000 8:00 am **Secretary of State**

01-22-2000 90020 023 ***150.00



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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

BORBOLLA, IGNACIO G

269 GIRALDA AVE. #202

BORBOLLA, LETICIA H

269 GIRALDA AVE, #202

CORAL GABLES FL 33134

CORAL GABLES FL 33134

Tax filing requirement and elects to do so.

(See criteria on back)

NING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SK

Daytime Phone # Date

Addition

Change