

2001 UNIFORM BUSINESS REPORT (UBR)

300004163553-9
 05/08/2001-01/42-003
 ****150.00 ****150.00

0325355

DOCUMENT # P99000010574
 1. Entity Name
FONDO NUEVO MANAGEMENT, INC.

FILED
 01 APR 27 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
340 ROYAL POINCIANA WAY **340 ROYAL POINCIANA WAY**
SUITE 316 **SUITE 316**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

2. Principal Place of Business 3. Mailing Address
One North Clematis Street **One North Clematis Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Second Floor **Second Floor**
 City & State City & State
West Palm Beach, FL **West Palm Beach, FL**

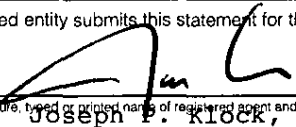
Zip Country Zip Country
33401 **USA** **33401** **USA**

4. FEI Number Applied For
65-0897687 Not Applicable

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

6. Name and Address of Current Registered Agent
KLOCK, JOSEPH P JR
200 S BISCAYNE BLVD
41ST FLOOR
MIAMI FL 33131

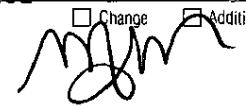
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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:  DATE: **04.25.01**
Signature, typed or printed name of registered agent and fee, 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, 2001 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	NAME	
STREET ADDRESS	340 ROYAL POINCIANA WAY SUITE 316	STREET ADDRESS	One North Clematis Street, Second Floor
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE F	NAME	
STREET ADDRESS	340 ROYAL POINCIANA WAY SUITE 316	STREET ADDRESS	One North Clematis Street, Second Floor
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	NAME	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	STREET ADDRESS	One North Clematis Street, Second Floor
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	CT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	NAME	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	STREET ADDRESS	One North Clematis Street, Second Floor
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VCSO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE F	NAME	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE. 316	STREET ADDRESS	One North Clematis Street, Second Floor
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOCK, JOSEPH P JR.	NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., 41ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2398	CITY-ST-ZIP	

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:  V.P. DATE: **04.25.01** DAYTIME PHONE #: **305.577.2877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)