

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90052 016 ***150.00

0490494

DOCUMENT # P99000016862

1. Entity Name
EL ORIENTAL U.S.A., CORP.

Principal Place of Business
**275 FOUNTAINEBLEAU BLVD
 #185
 MIAMI FL 33172**

Mailing Address
**275 FOUNTAINEBLEAU BLVD
 #185
 MIAMI FL 33172**

2. Principal Place of Business
8001 N.W. 36 ST
 Suite, Apt. #, etc.
108

3. Mailing Address
18691 S.W. 12 ST
 Suite, Apt. #, etc.

City & State
Miami, FL
 Zip
33166 Country
USA

City & State
Pembroke Pines
 Zip
33029 Country
US

4. FEI Number **65-0896143** 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

**PINES-CONTE, ELIZABETH C ESQ.
 3301 PONCE DE LEON BLVD.
 SUITE 200
 CORAL GABLES FL 33134**

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 _____ (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. (See criteria on back)

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	RAMOS, MARIA ESTHER	
STREET ADDRESS	C/O 3301 PONCE DE LEON BLVD. SUITE 200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMOS, TIERSO	
STREET ADDRESS	C/O 3301 PONCE DE LEON BLVD. SUITE 200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18691 SW 12 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Ramos* **Ramos Maria Esther** 4/5/01 309-436-1844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)