

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90013 018 ***150.00

DOCUMENT # *P99000039513*
 1. Entity Name
COIREDES de Occidente Inc.

Principal Place of Business Mailing Address
3605 NE 207 Street #4106
Aventura, Fl. 33180

CUU74483

2. Principal Place of Business 3. Mailing Address
3615 NE 207 St. *3615 NE 207 St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3211 *# 3211*
 City & State City & State
Aventura, Fl *Aventura, Fl*
 Zip Country Zip Country
33180 U.S *33180 U.S*

4. FEI Number *59-3575196* 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
MUÑOZ, MARIA ELENA
3605 NE 207 Street #4106
Aventura, Fl. 33180 US

7. Name and Address of New Registered Agent
 Name *Maria Elena Muñoz*
 Street Address (P.O. Box Number is Not Acceptable) *3615 NE 207 St # 3211*
Aventura Florida 33180
 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 *[Signature]* DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	<i>PD</i>	<input type="checkbox"/> Delete
NAME	<i>MUÑOZ, GUSTAVO</i>	
STREET ADDRESS	<i>3605 NE 207 Street #4106</i>	
CITY-ST-ZIP	<i>Aventura, Fl. 33180</i>	
TITLE	<i>VD</i>	<input type="checkbox"/> Delete
NAME	<i>MUÑOZ, MARIA ELENA</i>	
STREET ADDRESS	<i>3605 NE 207 Street #4106</i>	
CITY-ST-ZIP	<i>Aventura, Fl 33180</i>	
TITLE	<i>TD</i>	<input type="checkbox"/> Delete
NAME	<i>MUÑOZ, JOSE LUIS</i>	
STREET ADDRESS	<i>3605 NE 207 Street #4106</i>	
CITY-ST-ZIP	<i>Aventura, Fl 33180</i>	
TITLE	<i>SD</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>GARCIA WILMERA</i>	
STREET ADDRESS	<i>8321 NW 7th St. #409</i>	
CITY-ST-ZIP	<i>MIAMI, Fl 33126</i>	
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 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		
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 persons empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

A. Hochment
00074483
#199 000039513

DOMINGO ALONSO
CERTIFIED PUBLIC ACCOUNTANT

301 ALMERIA AVENUE, # 3
CORAL GABLES, FLORIDA 33134

PHONE: (305) 448-3898
FAX: (305) 443-9073

PLEASE FOLLOW THE INSTRUCTIONS BELOW AS CHECKED
(PLEASE RETAIN THIS INSTRUCTION SHEET WITH ATTACHED RETURN FOR YOUR FILES)

2000 ANNUAL REPORT

PLEASE SIGN IN X

IF YOU NEED TO MAKE A CHANGE IN THE ADDRESS, PLEASE FILL IN BLOCK 2

IF YOU NEED TO MAKE A CHANGE IN THE REGISTERED AGENT SHOWING IN BLOCK 6, FILL IN BLOCK WITH THE NEW ONE 7

BLOCK 8, PLEASE SIGN IF YOU FILL BLOCK 7

IF YOU NEED TO MAKE A CHANGE IN BLOCK 11, PLEASE FILL IN THE NEW NAMES OF THE OFFICERS IN BLOCK 12

MAKE CHECK PAYABLE TO: DEPARTMENT OF STATE
MAIL CHECK FORM \$ 150
ADDRESS: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REPORTE ANNUAL AÑO 2000

POR FAVOR FIRME EN X

SI NECESITA HACER UN CAMBIO EN SU DIRECCION, POR FAVOR PONGA LA NUEVA EN EL CASILLERO # 2

SI NECESITA HACER UN CAMBIO AL AGENTE REGISTRADO DEL CASILLERO 6 POR FAVOR LLENE CON EL NUEVO NOMBRE EL CASILLERO 7

FIRME EN CASILLERO 8 SI LLENO EL CASILLERO 7

SI NECESITA HACER UN CAMBIO EN EL CASILLERO 11, POR FAVOR LLENE CON LOS NUEVOS OFICIALES LOS CASILLEROS 12.

HAGA EL CHEQUE PAGADERO AL : DEPARTAMENT OF STATE
CANTIDAD: \$ 150
DIRECCION: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500