

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001015
 1. Entity Name
DDF HOLDINGS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB -1 PM 2:02

Principal Place of Business Mailing Address
10825 NW 33 STREET
MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address
SAME SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0929535 Applied For Not Applied For
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIEL DE FASSON
10825 NW 33 ST.
MIAMI, FL 33172

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

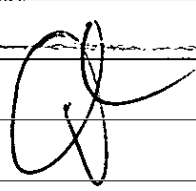
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. 735,000.00 10. Amount of Capital Contributions in FLORIDA to date. 735,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<u>P99000056888</u>
NAME	<u>DDF HOLDINGS, INC.</u>
STREET ADDRESS	<u>10825 NW 33 ST</u>
CITY-ST-ZIP	<u>MIAMI FL 33172</u>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<u>400003123064--8</u>
CITY-ST-ZIP	<u>-02/03/00--01096--019</u> <u>****526.25 ****526.25</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  BY: Daniel de Fasso, Pres. 1/27/00 305 599-2929
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #