2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

DOCUI	MEÑŤ # P0000007		05-22-2001 90632 035 ***150.00					
Principal Pla	ADE INVESTMENTS ce of Business	Mailing Address ·	7.77.77.77		-vu69366			
4TH FL	GABLES, FL 33134			134	- 			
	Place of Business S ABOVE #, etc.	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	le	City & State			El Number 5-1033211	Applied For Not Applicable		
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Na	ame and Address of New Registere	d Agent		
] .			Name					
	VILLANUEVA		Street Ac	ddress (P.O.	Box Number is Not Acceptable)			
	ENCIA AVENUE							
4TH FLO			City			Zip Code		
	GABLES, FL 33134				red agent, or both, in the State of Flori			
SIGNATURE	·	ered agent and title if applicable.	(NOTE: Regis	stered Agent si		DATE		
Tax filing re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 200 Make Check Payable		50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.	OFFICERS AND I		12.		TIONS/CHANGES TO OFFICERS AN			
TITLE	PD	Delete	TITLE	S	ANTIEUA CADIOC	Change X Addition		
NAME STREET ADDRESS	MARTINEZ, ROBERTO A 75 VALENCIA AVE	MITE ATH ET.	NAME STREET ADDRESS		ANUEVA, CARLOS ALENCIA AVENUE,	ATH FI.		
CITY - ST - ZIP	CORAL GABLES, F		CITY - ST - ZIP		L GABLES, FL 331			
TITLÉ	S	Delete	TITLE	001411	011011107 111 331	Change Addition		
NAME	RECINOS, ROBERT	ом.	NAME					
STREET ADDRESS	75 VALENCIA AVE	STREET ADDRESS						
CITY - ST - ZIP	75 VALENCIA AVE CORAL GABLES, F	L 33134	CITY - ST - ZIP					
TITLE		Delete	TITLE			Change Addition		
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP			CITY - ST - ZIP					
TITLE		Delete	TITLE			Change Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			CITY - ST - ZIP					
TITLE		Delete	TITLE			Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS					

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 chapter 607 and attachment with an address with all other like consequence. address, with all other like empowered.

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

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		1 1		-		_	
		1 1					

CARLOS VILLANUEVA

4/30/01 305**-**377-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Change

STF FL32381F.1

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME