2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470520

Entity Name

Principal Place of Business		Mailing Address			
	_ WEST FLAGLER FL 33174	STREET	10901 WEST FLAGLER STREET MIAMI FL 33174-1245		
2.	Principal Place of Business		3. Mailing Address		
	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		
			City & State		
	Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

43 N.W. 109TH COURT

43 N.W. 109TH COURT

-15548 SW 146 STREET

SANTOS, SERGIO E

15549-SW 146 STREET

SANTOS: CANDY

MIAM! FL

MIAM! FL

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-71P

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

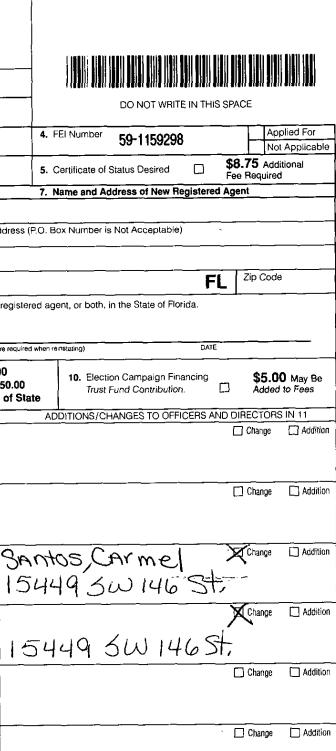
TITLE

NAME

TITLE NAME

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90146 020 ***150.00



Name FOGLE JR., LEWIS H. Street Address (P.O. Box Number is Not Acceptable) 10415 SW 53 AVE CORAL GABLES FL 33156 City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. Delete TITLE NAME INTAG, SAL NAME

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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 unit all other like empowered.

SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41200

(305) 223-6515

Daytime Phone #

CR2E034 (9/99)