

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90207 049 ***158.75

DOCUMENT # 492234

1. Entity Name
INTERNATIONAL REALTY & MANAGEMENT CORPORATION

| | |
|---|--|
| Principal Place of Business 717 PONCE DE LEON BLVD SUITE 331 CORAL GABLES FL 33134 US | Mailing Address 717 PONCE DE LEON BLVD SUITE 331 CORAL GABLES FL 33134-2050 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|---|
| 4. FEI Number 59-1637826 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SUAREZ, GUSTAVO
717 PONCE DE LEON BLVD
SUITE 331
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ 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 | PD | <input type="checkbox"/> Delete |
| NAME | SUAREZ, GUSTAVO | |
| STREET ADDRESS | 717 PONCE DE LEON BLVD., #331 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MORA, LUIS E. | |
| STREET ADDRESS | 5520 ALHAMBRA CIR. | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SUAREZ, GUSTAVO | |
| STREET ADDRESS | 717 PONCE DE LEON BLVD., #331 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| 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 | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Yajaira Molero Suarez | |
| STREET ADDRESS | 717 Ponce de Leon Blvd. Ste 331 | |
| CITY-ST-ZIP | Coral Gables, Florida 33134 | |
| TITLE | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ana Julia Mora | |
| STREET ADDRESS | 717 Ponce de Leon Blvd. Ste 331 | |
| CITY-ST-ZIP | Coral Gables, Florida 33134 | |
| 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: Gustavo Suarez - President Date: 4/18/2000 Daytime Phone #: 305-461-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)