

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 JAN -2 AM 8:01

DOCUMENT # 594778
1. Entity Name
AMERINVEST, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-------------------|--|-------------------|
| 2. Principal Place of Business 1925 Brickell Ave. | | 3. Mailing Address 1925 Brickell Ave. | |
| Suite, Apt. #, etc. Suite D202 | | Suite, Apt. #, etc. Suite D-202 | |
| City & State Miami, Fla | | City & State Miami, Fla | |
| Zip 33129 | Country U.S.A. | Zip 33129 | Country U.S.A. |

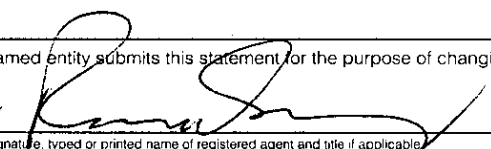
DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| 4. FEI Number 592069557 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

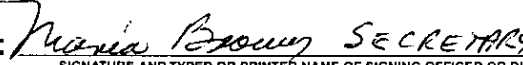
| |
|--|
| Name Ramón Gómez |
| Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42 Ave. # 447 |
| City Miami |
| State FL |
| Zip Code 33126 |

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) DATE

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Godofredo Sol 1925 Brickell Av., Miami, Fl 33129 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300009600639 12/19/02--01066--010 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Maria Brouwer - Secretary 1925 Brickell Av. Miami, Fl 33129 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Salvador Bonilla Sosa 1925 Brickell Av. Miami, Fla 33129 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SECRETARY 12/16/2002 305-716-9896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)