

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

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**FUNDACION VENEZOLANA PRO-CURA DE LA PARALISIS, I  
NC.**

201 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI FL 33131

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

CR2E037 (9/01)