

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 06, 2000 8:00 am  
Secretary of State  
03-06-2000 90058 004 \*\*\*158.75

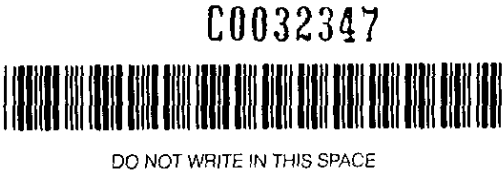
DOCUMENT # F76676  
Entity Name  
F.I.S., FOREIGN INTERNATIONAL SERVICES, INC.

Principal Place of Business  
S.W. 75 ST.  
FL 33183

Mailing Address  
11898 S.W. 75 ST.  
MIAMI FL 33183-3718

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country



4. FEI Number 59-2190822 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NIETO, ANTONIO  
11898 S.W. 75 ST.  
MIAMI FL 33183

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (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)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
V	NIETO, CESAR C.	11938 S.W. 75 ST. MIAMI FL 33183			
P	QUINTELA, ANTONIO NIETO	11898 S.W. 75 ST. MIAMI FL 33183			

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date FEB 21 2000 Daytime Phone #

CR2E034 (9/99)