UNIFORM BUSINESS REPORT	
DOCUMENT # 7-95,0000059	36
1. Entity More RST South Africa	FILED
Magament Col	03 JAN 22 AM 9: 49
7 M. J.	PACE STATE TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPA	ACE JALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SIZE	AGE
2. Principal Place of Business 1 AN 3. Mailing/Acidress	2
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	4. 5El Nymber Applied For
Dea Katan	65-Q01868 + Not Applicable
32439 Country A Zip	5. Certificate of Status Desired
	7. Name and Address of Current Registered Agent
DO NOT WRITE	LIVE KIDATIZMIL
IN THIS SPACE	Street-Address-(RO-Box Number is Not Acceptable ac #305
IN THIS SPACE	
$\Omega$	City FOCA LOOUN FL 230034
3. The above named entity submits this statement for the purpose of changing its re-	egistered office or registered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and titled applicable. (NOTE: R	LIVE KASATZNIK 1/14/03 Registered Agent signature required when reinstating)  DATE
January 1 - May	ry 1 Fee is \$150.00
Tax filing requirement and elects to do so.  Aπer may 1,  Amended t	, Fee is \$550.00 UBR is \$61.25 Trust Fund Contribution.
(See criteria on back)  Make Check Payable  11.  OFFICERS AND DIRECTORS	e to Department of State
CLOVE LAGATZNIK CEO	TITLE
JAME 6100 Glades Road, #305	NAME STREET ADDRESS CITY-ST-ZIP  100010435371 01/22/0301107002 **150.00
CITY-ST-ZIP BOCA KATTON, FZ 33434	CITY-ST-ZIP 01/22/0301107002 **150.00
TITLE VAME	TITLE
STREET ADDRESS	STREET ADDRESS 01,8 22,9 00 0110,0 002 44100,00
ITY-ST-ZIP	CITY-ST-ZIP
VAME	NAME 01/22/03-01107003 **150.00
OITY-ST-ZIP	STREET ADDRESS DO NOT WRITE
ITLE	IN THIS SPACE
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
ITLE -	TITLE NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
ITLE VAME	NAME
STREET ADDRESS DITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
12. I hereby cortify that the information supplied with this filling does not qualify for the	the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information
indicated on this report or supplierhental report is true and accurate and that my of the corporation or the receive of trustee empowered to execute this report a attachment with an address, with all other like impowered.	y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an
(Ve Ada la C	Clive Kalatznik 1/14/03 0040
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	R DIRECTOR Date Daytime Phone #



December 3, 2002

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Document F95000005936 First South Africa Management Corp. FEI Number 65-0618087

## Gentlemen:

We hereby wish to notify you that we did not receive any prior UBR notices for our 2002 annual report fee. As a result, we did not make any payments due and only recently received a "Notice of Dissolution".

Enclosed please find a check for \$150 to pay for the 2002 fee.

Yours Sincerely,

Clive Kabatznik /

CEO

- Proceeding Committee Company (All Proceedings And Proceedi

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