

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003559

1. Entity Name

AMERICAN CAPITAL CORPORATION A NEVADA CORPORATIO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -9 AM 9:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1717 NORTH BAYSHORE DR., #4247 MIAMI FL 33132	Mailing Address 1717 NORTH BAYSHORE DR., #4247 MIAMI FL 33132
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0914144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZAPETIS, KAREN C 1717 N. BAYSHORE DR., #4247 MIAMI FL 33132
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7. Name and Address of New Registered Agent	
Name Claudio Andrade Blanco	
Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Drive, #4247	
City Miami	Zip Code FL 33132

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: January 4, 2001
(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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGD - <input checked="" type="checkbox"/> Delete LEES, CLIFTON - 200 SUR 50 ESTE, MCDONALDS PLAZA DEL SOL - SAN JOSE, COSTA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete ZAPETIS, KAREN C 1717 N. BAYSHORE DR., #4247 MIAMI-FL -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003510564--8 -12/21/00--01062--010 *****35.00 *****35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003510564--8 -01/12/01--01060--002 *****115.00 *****115.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.D. Claudio Andrade Blanco 1717 N. Bayshore Drive, #4247 Miami, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: January 4, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-381-9950
Daytime Phone #

CR2E034 (10/00)