

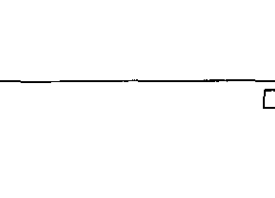
FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90028 022 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000004311			
1. Entity Name PISOCHAGO LIMITADA			
Principal Place of Business 20355 N.E. 34TH COURT. APT. 722 MIAMI FL 33180		Mailing Address 20355 N.E. 34TH COURT. APT. 722 MIAMI FL 33180-3312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MOSQUERA, JOAQUIN 20355 N.E. 34TH COURT, APT. 722 MIAMI FL 33180			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register: SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required))</small>			
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PCD	<input type="checkbox"/> Delete	
NAME	MOSQUERA, JOAQUIN		
STREET ADDRESS	20355 N.E. 34TH COURT, APT. 722		
CITY-ST-ZIP	MIAMI FL 33180		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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 S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			