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OCCIDENTAL GROUP, INC.					FILED			
Principal Place of Business Mailing Address					01 JUL 23 PM 4: 05			
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2. Principal P	tace of Business	3. Mailing Address			j			
251 Crandon Blvd.		251 Crandon Blvd.			; 			
Suite, Apt. 625	#, etc.	Suite, Apt. #, etc. 625			DO NOT WRITE IN TH	IIS SPACE		
City & State	9	City & State		4. FEI Number		Ar	oplied For	
	scayne, FL	Key Biscayne	, FL	59-247478	7	 	ot Applicab	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired ·	\$8.75 Add		
33149	US	33149	LUS	7 Name and Adde	and of New Posietes	Fee Require	<u> </u>	
	6. Name and Address of Current I	registered Agent	Name	7. Name and Ador	ess of New Register	ea wâeur		
Gierra,	Mirtha			LUIS LAUREDO				
	ise Drive	Street Address (ddress (P.O. Box Number is No 251 Chandon B	(P.O. Box Number is Not Acceptable) 251 Crandon Blvd., #625			
ey Bisc	ayne, FL 33149							
			City			Zip Cod	ha	
				Key Biscayne		L Zip Cod	<u>3149</u>	
) ()	1/				
SIGNATURE .	Luis Lauredo Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signati	re required when reinstating)	.7/18/			
9. This corpo		FILE NOW	!!! FEE IS \$150. 01 Fee will be \$5	10. Election		\$5.0	0 May Be	
9. This corpo Tax filing o (See criter	Signature, typed or printed name of registared agent a pration is eligible to satisfy its intangible equirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payat DIRECTORS	!!! FEE IS \$150. 01 Fee will be \$5	50.00 Trust Fun ADDITIONS/CHAN	Campaign Financing and Contribution.	\$5.0 Added	to Fees	
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(305) 810-2527

7/18/01

SIGNATURE: Luisal auredo.



ACCOUNT NO. : 072100000032

REFERENCE

233524

7199649

AUTHORIZATION

COST LIMIT

ORDER DATE: July 23, 2001

ORDER TIME : 2:19 PM

ORDER NO. : 233524-005

CUSTOMER NO: 7199649

CUSTOMER: Ms. Olga Duque

Hunton & Williams

Barclays Financial Center 1111 Brickell Ave., Suite 2500

Miami, FL 33131

ANNUAL REPORT FILING

NAME:

OCCIDENTAL GROUP; INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

NOT TO ACKNOWLEDGE SUFFICING TO SUFFICIENCY OF FILING

EXAMINER'S INITIALS: 80 % TO 1002

OFPARTHENT OF STATE OF STATE OF STATE