

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State
 08-23-2000 90029 028 ***550.00

DOCUMENT # G93849
 1. Entity Name
BANEX INTERNATIONAL CORPORATION ✓

Principal Place of Business % MARIA ELENA VALDES 1716 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	Mailing Address % MARIA ELENA VALDES 1716 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133
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A0074152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>INACTIVE CORP.</i>	3. Mailing Address <i>1716 So Bayshore Dr</i>
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. _____
City & State _____	City & State <i>Coconut Grove, FL</i>
Zip _____ Country _____	Zip <i>33133</i> Country <i>USA</i>

4. FEI Number 59-2505044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES, MARIA ELENA 1716 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM VALDES, MARILENA 1716 SOUTH BAYSHORE DR COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **8/23/00** **305-854-3704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)