	PLEASE READ A PLICATION FOR STATEMENT	FLORID	RUCTIONS A DEPARTME Katherine Ha Secretary of S IVISION OF CORPO	NT OF STATE arris State	1	ING THIS FORM FILED 99 OCT 21 PM		
DOCUMENT # K65519  1. Core training Name					SECRETARY OF STATE PAULAMAGSEE, FLANDA			
1 1	. DEVELOPMENT CORP	ORATIO	N			The state of the s	CALINA	
Principal Place of Business Malling Address								
% FERNANDO ZULUETA % FERNANDO GEGE BIRD ROAD, SUITE 3C GEGE BIRD ROAD, MIAMI PL 33155 MIAMI PL 33						HA BAN ALKI ING AKA AKA AKA AKA AKA AKA AKA AKA		
US	งกรง ddresses are incorrect in any way, line thro				STATEMENT 990			
2 New Prin	ncipal Office Address If Applicable 51.	3. New Maili 80 Suite, Apt. #,		Applicable +	Date Incorporated or Qualified     To Do Business in Florida     02/14/1989			
PMB 349 PM City & State, M) AMI FLURIDA City & State M			B 349 5. FEI NUI				Applied For Not Applicable	
	155 Country USA	SS Countr	CERTIFICATE OF STATUS DESIRED [1] for a Certificate of Status					
7. Names : Title(s)	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation of the street and/or Directors of the street and str				iist at least 3 directors) s of Each Director City / State / Zip			
DP	ZULUETA, FERNANDO	6262 BIRD RD, STE 31			MIAMI FL			
DV\$	BALAIS, MIGUEL	6262 BIRD ROAD, SUITE 31			MIAMI FL			
D	TORNE, RAMON	TRAV DE GRACIA 72			BARCELONA 6 SP			
					800030299384 -11/01/9901008025 *****750.00 *****750.00			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent								
70111771 77711111				Name I GNACIO 6. ZULUETA  Streel Address (P.O. Box Number is Not Acceptable)  Suite And # Etc.  Suite And # Etc.				
6262 BIRD RD SUITE 36				Sulte, Apl. #, Etc.				
MIAMI FL 33155  City  10. 1, being appointed the registered agent of the above named corporation, and amiliar with and				MIA	Miami State Zip Code FL 33/55			
Signature of Registered /	Agent		ENT MUST SIGN	I sino accept the oc	лідаціона от Secin	Date	9/98	
11. I certify that I am an officer or director or the receive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the usasor for director has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF STANING OFFICER OR DIRECTOR Date Date Daylime Phone #								
FERMANDA TO WESTA								