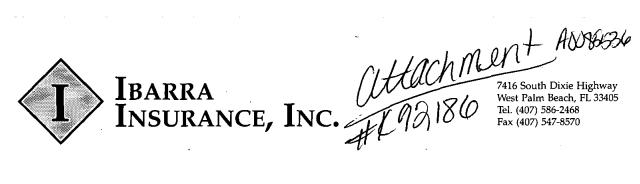
2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar	IMENT	1.0210	******	ORT	(UBR))	FILED Sep 13, 2001 8:00 am Secretary of State 09-13-2001 90054 031 ***150.00		
7416 S DIXIE	ce of Busines HWY ACH FL 33405	S	Mailing Address 7416 S DIXIE HWY W. PALM BEACH FL 33405				A0085536		
2. Principal F	Place of Busin	ness	3. Mailing Address				l leanain did hakka kirak kirak kirak dikik diki birki qirik birki birki birki birki birki birki birki ibeli		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Star	te		City & State			4.	FEI Number 65-0122973 Applied For		
Zip		Country	Zip Count		ry	5.	Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current R	egistered Agent		Name,	7.	Name and Address of New Registered Agent		
IBARRA, NILA 7416 S DIXIE HWY						eet Address (P.O. Box Number is Not Acceptable)			
W. PALM	BEACH FL	33405		f	City		· FL Zip Code		
SIGNATURE 9. This corpo	Signature, typed	or printed name of registered agent and	d title if applicable. (NOT	E: Registered	Agent signature requi	red when r	gent, or both, in the State of Florida. reinstating) DATE 10. Election Campaign Financing \$5.00 May Be		
Tax filing requirement and elects to do so. (See criteria on back)			After September 12, 2001 Fee will be \$750. Make Check Payable to Department of State				Trust Fund Contribution Added to Face		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBARRA, N 9698 VIXEI BOYNTON	N CIR	IRECTORS ☐ Delete		T ADDRESS ST-ZIP	ΑĽ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD IBARRA, M 1608 HIGH		☐ Delete	TITLE	T ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENT, NIL 1608 HIGH		☐ Delete	TITLE NAME STREE	I ADDRESS >		☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAKE WOL		Delete	TITLE	T ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET CITY-S	TADDRESS ST-ZIP		☐ Change ☐ Additio		
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip		☐ Change ☐ Additio		
of the corr	poration or the or on an attac		red to execute this report				119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if		

9-6-2001 (S61) SF6-2468
Daytime Prone #



SEPT. 6, 2001

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302 ---

GENTLEMEN:

I WILL LIKE YOU TO GIVE ME AN OPPORTUNITY, BECAUSE I DON'T HAVE THAT MONEY NOW. I AM NOT EVEN PAYING MYSELF, BY THE 19 OF THIS MONTH I WILL BE 71 YEARS OLD.

I DIDN'T RECEIVE 2001 UNIFORM BUSINESS REPORT. I UNDERSTAND THAT BY NOT RECEIVING IT, IT EXCUSES ME OF NOT PAYING THAT MONEY, BUT I AM ASKING NOW FOR SOME HELP, SINCE THIS TYPE OF BUSINESS IS VERY LOW.

I AM ENCLOSING A CHECK FOR \$150.00 AND I REPEAT ASKING FOR HELP BECAUSE I DON'T HAVE NOW \$550.00.

EXPECTING THAT THE HELP I AM ASKING HERE IT WILL BE TAKEN IN CONSIDERATION.

RESPECTFULLY

NILA IBARRA

CHECK 2834 ENCLOSED