

04-16-2001 90482 007 ***150.00

DOCUMENT # L38850

1. Entity Name

ALDEMA INVESTMENT CORPORATION OF FLORIDA

Principal Place of Business

**ONE G.C. THIRD AVENUE
 15TH FLOOR
 MIAMI FL 33131**

Mailing Address

**ONE S.E. THIRD AVENUE
 15TH FLOOR
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

00-0178005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, FRANCISCO J CPA
 % BERKOWITZ, DICK, POLLACK & BRANT
 ONE S.E. THIRD AVENUE, 15TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	DELLER, ALBERTO	CASILLA 2038	QUITO, ECUADOR	<input type="checkbox"/>
DVT	DELLER, FRIDA	CASILLA 2038	QUITO, ECUADOR	<input type="checkbox"/>
VP	DELLER, PIERRE	CASILLA 2038	QUITO, ECUADOR	<input type="checkbox"/>
AS	DELLER, MICHEL	393 WEST 47TH STREET	MIAMI BEACH FL	<input type="checkbox"/>
V	DELLER, HELEN	CASILLA 2038	QUITO, ECUADOR	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #