

**FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 25, 2002 8:00 am
Secretary of State**

03-25-2002 90196 031 ***150.00

DOCUMENT # M13207
1. Entity Name
 Fromal Investment Corporation

427820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202 Country	3. Mailing Address 1300 S. Army Navy Rd. Suite, Apt. #, etc. Suite 923 City & State Arlington, VA Zip 22202 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1628211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St. Suite 761 City Miami FL Zip Code 33126

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.

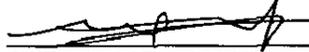
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Martínez, Rafael 701 Ponce de León Ave., Suite 407 San Juan, PR 00907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Rafael Martínez** 3.6.02 787-721-1140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #