

2001 UNIFORM BUSINESS REPORT (UBR)

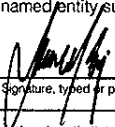

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90035 034 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M19494 1. Entity Name INTERNATIONAL INVESTMENTS & SERVICES, INC. ✓					
Principal Place of Business 2665 S Bayshore Dr Suite 601 Miami FL 33133 US			Mailing Address 6340 SW 104 ST Miami FL 33156-3310 US		
2. Principal Place of Business 2665 S Bayshore Dr Suite, Apt. #, etc. Suite 601			3. Mailing Address 6340 SW 104 ST Suite, Apt. #, etc.		
City & State Miami FL		City & State Miami FL		4. FEI Number 59-2646379 <input type="checkbox"/> Applied For Not Applicable	
Zip 33133	Country US	Zip 33156-3310	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name HORACIO FERAUD		
			Street Address (P.O. Box Number is Not Acceptable) 6340 SW 104 ST		
			City Miami FL Zip Code 33156-3310		
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  4/3/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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"/>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME FERAUD, HORACIO STREET ADDRESS 6340 SW 104 ST CITY-ST-ZIP Miami FL 33156-3310			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: 			HORACIO FERAUD 4/3/01 (305)854-9881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

CR2E034 (1/0/00)