2001 UNIFORM BUSINESS REPORT (UBR)						FILE	D			
DOCUMENT # M54953 1. Entity Name SION INTERNATIONAL, INC.					Apr 26, 2001 08:00 AM Secretary of State					
Principal Plac		Mailing Address							-	
MIAMI 33186	FL	MIAMI 33186		FL						
2. Principal F	Tace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State				El Number -0005141		 ;	pplied For	1
Zip	Country	Zip	Country	- L. Marine		ertificate of Status Desired	N	\$8.75 Ad Fee Require	ditional	1
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New I	Registered	l Agent		_
WEITZMAN, JACK L. 11420 SW 109 RD				Name Street Address (F	P.O. Bo	ox Number is Not Acceptabl	e)	<u> </u>	<u> </u>	
MIAMI 33176	US	L		O'h.					-	_
				City			F	L Zip Coo	le	
9. This corpo	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible requirement and elects to do so.		Registered Ag	gent signature required v		nstating) 10. Election Campaign Fi	04/2 DATE	\$5.0	00 May Be	
(See criter	ria on back) NOFFICERS AND	Make Check Payabl	e to Depa		7007000	Trust Fund Contribution			d to Fees	
TITLE	VD VD	Delete	12.	VSD	ADI	DITIONS/CHANGES TO OF	FICERS AN	ND DIRECTOR Change		18
NAME STREET ADDRESS CITY-ST-ZIP	ALMANZAR EURIDICE C 10393 SW 138TH PL MIAMI	FL	NAME STREET A	ALMA ADDRESS 11260 :	SW 15		FL	33196	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALMANZAR JOSE L 10393 SW 138TH PL MIAMI	☐ Delefe ,	TITLE NAME STREET A	PTD ALMA ODRESS 11260 :	NZAR SW 15	JOSE L 6TH AVE	FL	X Change 33196	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORA, VICTOR 10620 SW 99 TER MIAMI	∑ Delete	TITLE NAME STREET A CITY-ST-				: <u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	- ZIP				☐ Change	Addition	
of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address, we	true and accurate and that my wered to execute this report a	v sionatiire	e shall have the c	ame le Floric	egal effect as if made under la Statutes; and that my nan	oath: that	l am an officer	or director	
SIGNAT		RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		P	ΠD 04/26/2001 Date	,	Daytime Phone #		