

FILED

01-10-2001 90010 005 ***150.00

671046



DO NOT WRITE IN THIS SPACE

DOCUMENT # M83148

1. Entity Name
MONTEGO LAND CORPORATION

Principal Place of Business
% JAIME GONZALEZ
740 BLUEBIRD LANE
PLANTATION FL 33324
US

Mailing Address
% JAIME GONZALEZ
740 BLUEBIRD LANE
PLANTATION FL 33324
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
65-0068945

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, JAIME
740 BLUEBIRD LANE
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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 reinstating.) 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 \$550.00
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

DP
GONZALEZ, JAIME
740 BLUEBIRD LANE
PLANTATION FL

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVP
JAIME ESCOBAR
740 BLUEBIRD LANE
PLANTATION FLA. 33324

Delete

TITLE
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Change

Addition

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: JAIME GONZALEZ DP

01-04-2001

(954)473-8452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #