

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90113 027 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000005389**

1. Entity Name  
**MINISTERIO INTERNACIONAL DE AYUDA A LAS NACIONES**

Principal Place of Business: 8500 SW 8TH ST., STE. 218 MIAMI FL 33144  
 Mailing Address: 8500 SW 8TH ST., STE. 218 MIAMI FL 33144

2. Principal Place of Business / 3. Mailing Address  
 Suite, Apt. #, etc. / Suite, Apt. #, etc.  
 City & State / City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: **31-1757182** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VAZQUEZ, MARTHA V**  
**8500 SW 8TH ST., STE. 218**  
**MIAMI FL 33144**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PT NAME: CORADO, DIEGO G "D" STREET ADDRESS: 8500 SW 8TH ST., STE. 218 CITY-ST-ZIP: MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE: <i>PT</i> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: VAZQUEZ, MARTHA V "D" STREET ADDRESS: 8500 SW 8TH ST., STE. 218 CITY-ST-ZIP: MIAMI FL 33144	<input type="checkbox"/> Delete	TITLE: TREASURER NAME: EDWARD ALVARO "D" STREET ADDRESS: 8500 SW 857 STE 218 CITY-ST-ZIP: MIAMI, FL. 33144	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: CORADO, DIEGO G. STREET ADDRESS: same add. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *Martha Vazquez* DATE: *4/30/01* DAYTIME PHONE: *305-216-2945*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)