

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90199 033 ****61.25

DOCUMENT # 101000005145

1. Entity Name
Hernandez Cristiana Inc.

DO NOT WRITE IN THIS SPACE

B0135118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8401 SW 107 Ave. Suite, Apt. #, etc. 206E City & State Miami, FL Zip 33173		3. Mailing Address 8401 SW 107 Ave. Suite, Apt. #, etc. 206E City & State Miami, FL Zip 33173		4. FEI Number 82-0555668	Applied For <input type="checkbox"/> Not Applicable
Country		Country		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 Rene Garcia

Street Address (P.O. Box Number is Not Acceptable)
8401 SW 107 Ave. #206E

City Miami **FL** Zip Code 33173

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 Rene Garcia **DATE** 8/25/02

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

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Liberato Vega 9531 Fontainebleau Blvd #505, Miami, FL 33172	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Moises Gonzalez 2931 Sheridan Ave. #4, Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Guillermo A. Revuelta 3437 NW 15 St., Miami, FL 33125	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rene Garcia **DATE** 8/20/02 **Daytime Phone #** 305-945-3096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)