

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90008 050 *****61.25

DOCUMENT # N22490

1. Entity Name

FEDERACION SINDICAL DE LAS PLANTAS ELECTRICAS, G
AS Y AGUA, INC.

Principal Place of Business

Mailing Address

7175 SW 8TH STREET #213
MIAMI FL 33144
US

7175 SW 8TH STREET #213
MIAMI FL 33144
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0010155

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, RENE L
350 TAMIAI BLVD
MIAMI FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Delete	TITLE		Change	Addition
NAME	DIAZ, RENE L		NAME			
STREET ADDRESS	350 TAMIAI BLVD		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP			
TITLE	S	Delete	TITLE		Change	Addition
NAME	VARGAS, HUMBERTO		NAME			
STREET ADDRESS	245 18TH STREET #503		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP			
TITLE	TD	Delete	TITLE		Change	Addition
NAME	DE ACOSTA, GIL MATEO		NAME			
STREET ADDRESS	1701 SW 125 COURT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP			
TITLE	VD	Delete	TITLE		Change	Addition
NAME	CAMPOS, CALIXTO		NAME			
STREET ADDRESS	1701 SW 125 COURT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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

SIGNATURE: *Calixto Campos* *President* *3/5/02* *(25) 262-6050*