

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000002867**1. Entity Name
AMAR INTERNATIONAL, INC.

Principal Place of Business 130 SR 434 W WINTER SPRINGS 32708 US	FL	Mailing Address P.O. BOX 677181 ORLANDO 32867 FL
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2. Principal Place of Business 9318 E. COLONIAL DRIVE	3. Mailing Address P.O. BOX 195367
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WINTER SPRINGS FL	City & State WINTER SPRINGS FL
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Zip 32817	Country US	Zip 32719	Country
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4. FEI Number 52-2139232	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALACIO CARLOS E 1100 MURDOCK BLVD. ORLANDO FL 32825	7. Name and Address of New Registered Agent Name PALACIO CARLOS E Street Address (P.O. Box Number is Not Acceptable) 5015 CLARCONA OCOEE ROAD City ORLANDO FL Zip Code 32810
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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 **CARLOS E. PALACIO****05/28/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PALACIO JUAN R 1608 MIAMI ROAD ORLANDO FL 32825 <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	D URREGO CONSUELO 1608 MIAMI ROAD ORLANDO FL 32825 <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	DS GONZALEZ JACQUELINE 1100 MURDOCK BLVD. ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PALACIO JAQUELINE 5015 CLARCONA OCOEE ROAD ORLANDO FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIO CARLOS E 1100 MURDOCK BLVD. ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIO CARLOS E 5015 CLARCONA OCOEE ROAD ORLANDO FL 32810 <input checked="" 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)(f), 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: **CARLOS E. PALACIO** DP 05/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)