

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004073

1. Entity Name

CENTRO INTERNACIONAL DE ALABANZA NORTE, INCORPOR

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90041 047 ****61.25

Principal Place of Business 1800 W. 68 ST. HIALEAH FL 33014	Mailing Address 1800 W. 68 ST. HIALEAH FL 33014-4404
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0849433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BARRERA, HERNAN 15853 SW 71 ST. MIAMI FL 33193				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)

FILE NOW: FEE IS \$61.25	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRERA, HERNAN			NAME			
STREET ADDRESS	15853 SW 71 ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRERA, MICHELLE			NAME			
STREET ADDRESS	15853 SW 71 ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIME, JULIO			NAME			
STREET ADDRESS	8400 SW 133 AVE. RD., BLDG. 1 #204			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IXCHU, ALBERT			NAME			
STREET ADDRESS	9621 SW 77 AVE. #303-B			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIME, CLAUDIA			NAME			
STREET ADDRESS	8400 SW 133 AVE. RD., BLDG. 1 #204			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IXCHU, LIZBETH			NAME			
STREET ADDRESS	9621 SW 77 AVE. #303-B			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33012			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 reports 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: Juan Barrera **RECEIVED** 03-23-00 (305) 698-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #