FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

FIFD DOCUMENT # 700000 13670 02 DCT -7 PH 2: 20 Premier Markeling Internation L Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA 000008302570--0 -10/10/02--01027--017 DO NOT WRITE IN THIS SPACE ****150.00 ****150.00 2. Principal Place of Business 3. Mailing Address 10570 Haple 10570 Maple On CHASE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
BOCO CCHCO Applied For 4. FEI Number 0981149 65 Not Applicable 33498 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Rebeca - RIFKIO ----DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 0570 MOPLE MASE DO 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. (NOTE: Registered Agent signature required when reinstalling) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS P Rebecci CR2E034B (12/01) TITLE RIFUO NAME 10070 Haple chose De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY - ST - ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all the representations of the receiver or trustee employeered.

PRINTED NAME OF SIGNING OFFICER OR DIFECTOR

561-483

To whom it may concern:

We never received the form in the mail to file for this year. We called and they said they will send us another one and we did not get it. Today we called again and they kindly explained to us, that this form can be downloaded from the internet and we followed those instruction and we are sending the payment now. Thanks,

Sincerely,

Rebeca Rifkin

Premier Marketing International



10-1-02

TO FLORID DEPT.

T NEVER RECIEVED

A COPY OF UBR

PLEASE NOTE CHANGE OF ADDRESS

2343 DAPHNE DR W.P.B. FL. 33415

THANKYOW

M. L. Di

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