


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000018840		
1. Entity Name MIAMI INVESTORS, CORP.		

FILED
04 OCT 18 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 US	Mailing Address 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 US
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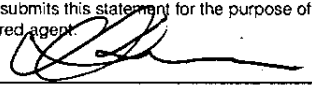
2. Principal Place of Business 1639 WASHINGTON AVE Suite, Apt. #, etc. #201	3. Mailing Address 1639 WASHINGTON AVE Suite, Apt. #, etc. #201
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City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FLORIDA
Zip 33139	Country USA
Zip 33139	Country USA

REINSTATEMENT		CR2004B (6/04)
4. FEI Number 65-0988413	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 BEVILACQUA, JOSEPH 1136 COLLINS AVENUE MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name: MOPM SERVICES ACCOUNTING & PA Street Address (P.O. Box Number is Not Acceptable): 1550 WEST 24TH STREET City: HIALEAH, FLORIDA FL Zip Code: 33014	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 10/13/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, OSUAIDO 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ OSUAIDO 1639 WASHINGTON AVE #201 MIAMI BEACH, FLORIDA 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVILACQUA, JOSEPH 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVILACQUA JOSEPH 1639 WASHINGTON AVE #201 MIAMI BEACH, FLORIDA 33139 <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	000041939420 10/18/04--01068--020 ***150.00 <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
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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.	
SIGNATURE: 	DATE: 10/13/04 (305) 672-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	