OUNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FELLARY OL WILL P00000 45820 DOCUMENT # 1. Entity Name 02 MAR -6 AM 10: 28 Fresca Sourmet, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8000 NW 31 Street 8000 NU 315tract Suite Apt. #, etc.
Uhi + U DO NOT WRITE IN THIS SPACE Unit4 City & State
MIAMI, FL 4. FEI Number Applied For 6 5-1006/2s Not Applicable Country SA \$8-75-Additional--5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Orive Hernander, Pricardo 100 Lincoln foad # 730 Dewfl Miami Beach, Fc TIDE mer 800005134268----03/19/02--01044--031 NAME NAME STREET ADDRESS STREET ADDRESS ****300.00 CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 1111.6 IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY STUJIE COLY- ST- ZIP TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP TITLE THILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

2/28/2002 786-331-7676



Alfonso Cordero C.P.A., P.A.

Certified Public Accountant

8025 NW 36 Street Suite 302 Miami, Florida 33166

Phone: (305) 599-4111 Fax: .(305) 599-0895 Email: corderocpa@aol.com

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Call today for an appointment.

February, 28, 2002.

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Fresca Gourmet, Inc

Document Number: Poooo45820

FEI Number: 65-1006125

2000 & 2001 Annual -Uniform Business Report

Dear Sirs:

This letter is regarding the reinstatement of the above named corporation.

We are respectfully requesting the abatement of the reinstatement fee of \$600.00. When it was time to file the report we did not received the form.

This corporation was open on 2000 we change our address and did not receive the forms. Please review the above circumstance and abate the penalty of \$600.00 of the reinstatement fee. Mr. Ricardo Orive has made a commitment to continue to make the payment of renewal timely in the future, even if he does not receive the forms.

Enclosed is a Uniform Business Report for year 2001 and a check payable to the Department of State in the amount of \$300.00.

Thanks for your prompt attention to this matter. If you need additional information do not hesitate to call or contact us at 305-599-4111.

Cordially,

Flor Cordero

Accountant

Ricardo Orive

Pres. Fresca Gourmet, Inc