

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90306 005 ***158.75

DOCUMENT # P00000049613			
1. Entity Name			
INFOSELL US CORPORATION			
Principal Place of Business		Mailing Address	
1645 PALM BEACH LAKES BLVD.. SUITE 520 WEST PALM BEACH FL 33401		1645 PALM BEACH LAKES BLVD.. SUITE 520 WEST PALM BEACH FL 33401	
2. Principal Place of Business		3. Mailing Address	
1000 Clint Moore Road		1000 Clint Moore Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 108		Suite 108	
City & State		City & State	
Boca Raton, Florida		Boca Raton, Florida	
Zip	Country	Zip	Country
33487	U.S.A.	33487	U.S.A.



DO NOT WRITE IN THIS SPACE

City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 65-1024011		Applied For Not Applicable	
Zip 33487	Country U.S.A.	Zip 33487	Country U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINLEY, CHANDLER R ESQ 1645 PALM BEACH LAKES BLVD., SUITE 520 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Sergey V. Gurin Street Address (P.O. Box Number is Not Acceptable) 22615 SW 66 Avenue, Suite 304 City Boca Raton	Zip Code 33428
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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 S. Gurin Sergey V. Gurin 01/09/2001

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALPERIN, CARLOS 604 NW 13TH STREET APT 31 BOCA RATON FL 33468	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an express, with all other like empowered.

SIGNATURE:

Carlos Alperin, President (561)239-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/00)