PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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0000055788

1. Corporation Name

AUDIT ACCOUNTING ADVISERS, INC.

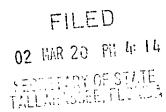
Principal Place of Business

Mailing Address

2333 BRICKELL AVE., MEZZANINE SUITE MIAMI FL 33129

2333 BRICKELL AVE. MEZZANINE SUITE

MIAMI FL 33129





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If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable			4. Date Incorporated or Qualified				
2. New Principal Office Address, it Applicable 3. New Main					To Do Business in Florida 06/08/2000						
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number Applied For						
-City & State											
					65-1033476 Not Applie			Not Applicable			
Zip Country Zip		Zip	Countr		<i>'</i>	CERTIFICATE OF STATUS DESIRED		for a Certi	onal ¹ Fee required ficate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PD	PENA JAVITT, ANIBAL A			URBANIZACION CHUCHO BRICENO CALL			O CALL	BARQUISIMETO, VENEZUELA			
VD	MOLERO FERRER, JAIRO E				ESQUINA DE SAN JACINOT EDIF. FOG			VENEZUELA			
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	Ti.					01-	-Q (482			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
MALEK, FARHAD 2333 BRICKELL AVE., MEZZANINE SUITE MIAMI FL 33129						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #; Etc. City State Zip Code					
FL											
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.											
Signature of Registered Agent Date 12/18/2001 REGISTERED AGENT MUST SIGN											

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2002 (954)764-0015

Daytime Phone #

CR2E040 (8/01)

P52082

Ydelsy Quevedo Forte Attorney at Law

(305) 854-7474

FAX: (305) 856-2527

E-MAIL: yforte@aol.com

Brickell Bay Club

2333 BRICKELL AVENUE MEZZANINE SUITE

Miami, Florida 33129

December 18, 2001

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

Dear Sir/Madam

Pursuant to our telephone conversation today wherein you advised that you would waive the penalty on the following corporation upon written explanation from us; please be advised that on January 2001 this office forwarded the annual Report Fee of Audit Accounting Advisors, Inc. in a timely fashion. Unfortunately we have been informed that the mailbox we used was vandalized and some of the mail was stolen and/or destroyed. We believe this particular envelope containing the above named annual report fee of the above corporations to the Department of State was one of the destroyed items.

We thank you for understanding our position and for waiving the penalty. Enclosed please find our checks No. 2690 in the amount of \$150.00 to cover the above Corporation's Annual Report fee for 2001.

If you need any further information please do not hesitate to contact this office.

Sincerely yours,

Farhad Malek

General Manager --