

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

my 10fz

APPLICATION 01/02 WBR	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000055788

1. Corporation Name
AUDIT ACCOUNTING ADVISERS, INC.

Principal Place of Business 2333 BRICKELL AVE., MEZZANINE SUITE MIAMI FL 33129	Mailing Address 2333 BRICKELL AVE., MEZZANINE SUITE MIAMI FL 33129
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/08/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1033476	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	PENA JAVITT, ANIBAL A	URBANIZACION CHUCHO BRICENO CALL	BARQUISIMETO, VENEZUELA
VD	MOLERO FERRER, JAIRO E	ESQUINA DE SAN JACINOT EDIF. FOG	VENEZUELA

8. Name and Address of Current Registered Agent MALEK, FARHAD 2333 BRICKELL AVE., MEZZANINE SUITE MIAMI FL 33129		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 **Farhad Malek** 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: Anibal Pena Javitt **02/20/2002 (954) 764-0015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ydelisy 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

Farhad Malek
General Manager