2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000059415 1. Entity Name SUROMA, INC. Principal Place of Business Mailing Address C/O THOMAS W. HILL C/O THOMAS W. HILL 1318 LAGAYETTE STREET 1318 LAGAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business BIS LAFAYETTEST 6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL FL 33904 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 title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

STETTERSTRASSE 34, CH-5507

STETTERSTRASSE 34, CH-5507

MELLINGEN SWITZERLAND

MELLINGEN SWITZERLAND

Tax filing requirement and elects to do so

MATIZ, ROLF

MATIZ, SUZANNE

(See criteria on back)

11.

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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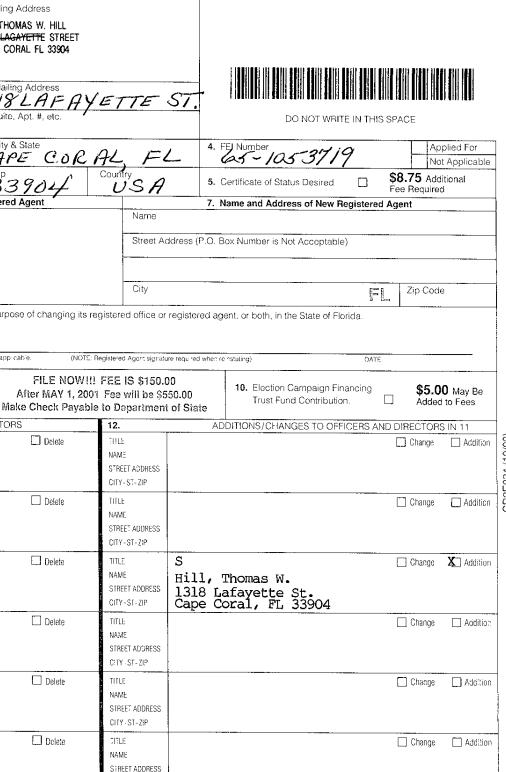
TITLE

NAME

CITY-ST-7IP

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90234 001 ***150.00



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 address, with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-78P

CHY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01