

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064183

1. Entity Name
CONDOR TRADING CORP.

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

02-26-2001 90510 029 ***158.75

Principal Place of Business 8420 SOUTHWEST 133 AVENUE, #19 MIAMI FL 33183	Mailing Address 8420 SOUTHWEST 133 AVENUE, #19 MIAMI FL 33183
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2. Principal Place of Business 2769 Coral Way Suite, Apt. #, etc.	3. Mailing Address 2769 Coral Way Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-1023852	Applied For <input type="checkbox"/> Not Applicable
Zip 33145-3201	Country DADE	Zip 33145-3201	Country DADE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 943 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name JORGE NACIF Street Address (P.O. Box Number is Not Acceptable) 8420 SW 133 AVE RD # 119 City Miami FL Zip Code 33183
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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 JORGE A. NACIF DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDN ACIF, JORGE A 8420 SOUTHWEST 133 AVENUE, #19 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORAN, DELINDA E 8420 SOUTHWEST 133 AVENUE, #19 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 address, with all other like empowered.

SIGNATURE: Jorge Nacif--President 02/02/01 305-408-9174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)