

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93596 035 \*\*\*150.00

DOCUMENT # P 00000086009 ✓  
1. Entity Name  
VENEZUELAN HIGH LANDER CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10022 NW 80th Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
10022 NW 80th Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HIALEAH GARDENS, FLORIDA  
Zip 33016 Country US

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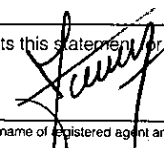
4. FEI Number 65-1054549 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MIGUEL GARUTTI  
Street Address (P.O. Box Number, is Not Acceptable) 10022 NW 80th Ave.  
City HIALEAH GARDENS FL Zip Code 33016

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  MIGUEL GARUTTI - President 4/30/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MIGUEL GARUTTI 10022 NW 80th Ave. HIALEAH GARDENS, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other life empowered.

SIGNATURE:  MIGUEL GARUTTI 4/30/02 305-556-4748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #