

**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**

City & State  
**HIALEAH GARDENS, FLORIDA**

Zip Country  
**33016 US**

Zip Country  
**33016 US**

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**

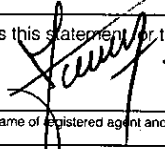
7. Name and Address of Current Registered Agent

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** DATE **4/30/02**

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.

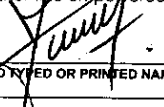
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			
TITLE	<b>PST</b>	TITLE	
NAME	<b>MIGUEL GARUTTI</b>	NAME	
STREET ADDRESS	<b>10022 NW 80th AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33016</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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** DATE **4/30/02** DAYTIME PHONE # **305-556-4748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)