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DOCUMENT # P0000095862							—
1. Extity Name	1. Extry Name Vesta International Corporation					OF STATE	
ve	.0,9 == .,0	SECRETARY OF STATE DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address					01 DEC -5 PM 4:00		
145 Madeira Avenue. Same.					Ol pro o		
Suite 310 Coral bables					·		
F/, 33/3 <sup>4</sup> /. 2. Principel Place of Business 3. Mailing Address							
5900 Collins Avenue 6ame					DOLARY MEDITE IN THIS COACE		
Suite, Apt. #, etc.	6 same				DO NOT WRITE IN THIS SPACE		
City & State Be	each, Fl.	City & State Same.			4 FEI Number 65 - 1135580	<del> </del>	oplied For ot Applicable
33140	Country	Zip Same.	Country Country		5. Certificate of Status Desired	\$8.75 Add	
6. N	lame and Address of Current R	Registered Agent	Name		7. Name and Address of New Reg		
Kaul 1. Sanche 6 de Valony.							
Hadello Inverse							<del>6</del> 0
Coral 6	City	-12/27/01D1057014					
*****15 <b>[F_E</b> ]0  ******150.00							
The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Signature System or printing (name of-registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
GNE DOMPHEE 200 (5) (7)							
9. This corporation is engine to satisfy its irrangine Tax filling requirement and elects to do so.  (See criteria on back)							
11.	OFFICERS AND D	DIRECTORS	12.	التنب	ADDITIONS/CHANGES TO OFFIC		
TITLE D.	nonDiaz E	□ Detete	TITLE NAME		800004		Addition   8
STREET ADDRESS 50					-12/2	7/0101057	015 <b>8</b>
TITLE PD	MI BEACHIK		CITY-ST-ZIP	<del> </del>	****	**8.75 ***	'015 5 ****8.75 00 □ Addition 5
		<del></del>	NAME STREET ADDRESS			_ •	٦
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			CETY-ST-ZEP	ray or .		Change	Addition
MALE NOT	RMA PILAR DIAZ OO COLLINS AVE	NOS + 1206	NAME				-
CTTY-ST-ZDP ///	AMI BEACH I	F1 33140	STREET ADDRESS CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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 as the section of the control of the section of the control							
of the corporation of 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 the appears with all other like empowered.							
SIGNATURE: Alland							
BISMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daile Conjune Proce *							

2082

Miami, October 22 2001

Mr.

Department of State
Division of Corporation
Tallahasee, Fl. 32302-1500\

We would like to put in your consideration that we did no pay on time the Annual Report, because when we change the address of the company, we did not received the Uniform Business Report.

Additionally, even that this business was registered the last October, the last two months we have been doing all the legal forms in order to star operate the next month. Due to this we request to you that the amount of payment be the normal amount without any charges for the late. Please take in account that the late is not for our fault, it was because we did not received the form, for the change of address.

Thank you very much for your help and cooperation.

PILAR DIAZ