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1. Entity Name OLIVA'S CORP.					SEGRETARY OF STATES DIVISION OF CORPORATIONS				
Principal Place of Business 2750 West 63 Place ap/o 204	Mailing Address 1 2750 West 63	Place	apto	204		() I DEC	10 PM	կ։ 00
Malenh R 33016	Hinkah 12 33	3016				റററ	700	ices	
2. Principal Place of Business 2406 Center Gate Donne	3. Mailing Address 2406 Canter	6ate	Don	٠	iuic iso Partition	0004 -12/28 ****	150.00] 、*****	010 150:00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02-	-	-		DO NOT WRI	TE IN THIS	SPACE	
City & State MIRAMAR FLORIDA	City & State MIRAMAR		URIDA		4. FEI Number 65-/0	5268	`3	<u> </u>	plied For t Applicable
Zip Country 33025 BROWARP	Zip 33025	BRO	try WARD	,	5. Certificate of S	tatus Desired		\$8.75 Add Fee Required	
6. Name and Address of Current	Registered Agent		Nome		7. Name and Ado	iress of New I	Registered	Agent	
OLIVA, EDUARDO			Name		IVA E				
2750 West 63 Place	apto 204		Street Ad	dress (P.0	0. Box Number is 240 6	Not Acceptable Cen Ter	6ate	Drive	
Hialah R 33016				7.4	# 202				
!			City	MIG	ANAR		FL	Zip Code	25
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered apers	o Diva	_	ed office or r			the State of Fl	,	03/01	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20 Make Check Paya	001 Fee ble to De	will be \$5	50.00	Trust Fi	Campaign Fi	n. [Added	0 May Be to Fees
11. OFFICERS AND	DIRECTORS Delete	12.	:	P	ADDITIONS/CHA	ANGES TO OF	-ICERS AN	Change	
NAME. OLIVA EOVARDO STREET ADDRESS 2750 West 63 Place CITY-ST-ZIP Haleak Fz 33016	apto zou	nami Stre	.	OLIVA Z404	GEDUALOO CENTER ANAR F	GAYE 1-	onve 5	#202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		E Et address	2406	A CEANA Center INAR FL	Gate 1	onve 5	□ Change # 202	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				Pid Abia			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-5T-ZP	☐ Delete	TITLE NAMI STRE				TOTAL PARTY AND A		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delate				nes		[10	☐ Change	Addition
13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empchanged, or on an attachment with an address. SIGNATURE:	is true and accurate and that sowered to execute this report	my signal t as requir	ture shall ha red by Chap	ve the sa	me legal effect as	if made under	oath; that is appears	am an officer	or director

2001 UNIFORM BUSINESS REPORT (UBR)

11/03/2001

To: Andy Dunlap Division of Corporation Uniform Business Report Filings

From: OLIVA'S CORP. Eduardo M Oliva (President.)

Through this I want to notify that the papers for Uniform Business report never been send to me.

I went to an Accounting Office and they let me Know the amount to be pay for the company and also the reports.

I apology for the inconvenient then here I am sending my payments for the year of 2001

Any question contact me (954) 443-7911

Sincerely,

Eduardo M Oliva

President.