

AMENDED AMENDED AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107416
1. Entity Name ALVESILVA OF AMERICA, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 5751 N. University Drive
Suite, Apt. #, etc.

3. Mailing Address 5751 N. University Drive
Suite, Apt. #, etc.

City & State Tamarac, Florida

City & State Tamarac, Florida

4. FEI Number 65-1057650 Applied For Not Applicable

Zip 33321 Country USA

Zip 33321 Country USA

8. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name Virgilio J. Salicetti
Street Address (P.O. Box Number is Not Acceptable) 5751 N. University Drive
City Tamarac FL Zip Code 33321

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 8.31.2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	CEO D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salicetti, Virgilio J.		NAME	Salicetti, Virgilio J.	
STREET ADDRESS	5751 N. University Drive		STREET ADDRESS	5751 N. University Drive	
CITY-ST-ZIP	Tamarac, Florida 33321		CITY-ST-ZIP	Tamarac, Florida 33321	
TITLE	PSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garay, Lautaro		NAME		
STREET ADDRESS	10962 NW 40 Street		STREET ADDRESS		
CITY-ST-ZIP	Sunrise, Florida 33351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ricardo E. Corrie	
STREET ADDRESS			STREET ADDRESS	5751 N. University Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Tamarac, Florida 33321	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: D P & CEO 8.31.2001 (954) 792-2685