

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90031 038 ***150.00

DOCUMENT # P00000116862

1. Entity Name

AYACCA, INC.

Principal Place of Business

Mailing Address

9260 S.W. 72ND STREET
 SUITE 117
 MIAMI FL 33173

9260 S.W. 72ND STREET
 SUITE 117
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

2999 NE 191ST STREET

2999 NE 191ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 404

SUITE 404

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number

65-1063952

Applied For

Not Applicable

Zip

33180

Country

Zip

33180

Country

5. 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

LEISER, ANDRES C
9260 S.W. 72ND STREET
SUITE 117
MIAMI FL 33173

Name

LEISER, ANDRES C

Street Address (P.O. Box Number is Not Acceptable)

2999 N.E. 191ST STREET

SUITE 404

City

N. MIAMI BEACH

FL

Zip Code

33180

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 _____

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 Delete
PSTD
 NAME **LEISER, ANDRES C**
 STREET ADDRESS **889 N.W. 111TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **WEILL, ROBERTO**
 CITY-ST-ZIP **1536 ALCALA AVENUE**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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: _____

Andres Leiser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRES LEISER

Date

4/10/01 (305) 792-4115

Daytime Phone #

CR2E034 (10/00)