

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01 00000 1439
1. Entity Name:
International Investment Corporation

DO NOT WRITE IN THIS SPACE

- 33924

2. Principal Place of Business
360 Sevilla Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State

4. FEI Number
65-1064838
Applied For
Not Applicable

Zip
33134

Country

Zip

Country

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 Edward J Abramson
Street Address (P.O. Box Number is Not Acceptable)
7270 NW 12 STREET
Suite 580
City Miami FL Zip Code 33126

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 _____ DATE _____
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 1st May 1st Fee \$180.00
July 1st Nov 1st Fee \$150.00
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
NAME P/D
Alma P Rivera
STREET ADDRESS
360 Sevilla Ave
CITY - ST - ZIP
Miami FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME VP/D
Thomas P. Mifsud
STREET ADDRESS
360 Sevilla Ave
CITY - ST - ZIP
Miami FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DO NOT WRITE IN THIS SPACE

TITLE
NAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

TITLE
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)(f), 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 like empowered.

SIGNATURE: [Signature] Date Apr 1 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/01)