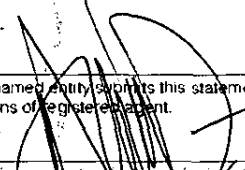
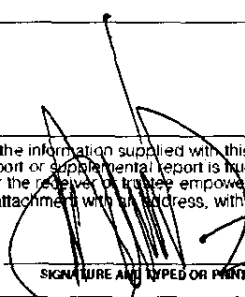


FILED  
May 08, 2003 8:00 am  
Secretary of State

05-08-2003 90171 011 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000007839</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                                                        |                                                                                                                                                    |
| 1. Entity Name<br><b>GAVI USA IMPORT-EXPORT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                    |
| Principal Place of Business<br><b>8163 N.W. 74 AVE.<br/>MEDLEY, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  | Mailing Address<br><b>8163 N.W. 74 AVE.<br/>MEDLEY, FL 33166</b>                                                                                                                                        |                                                                                                                                                    |
| 2. Principal Place of Business<br><b>2535 SHERMAN STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  | 3. Mailing Address<br><b>SAME</b>                                                                                                                                                                       |                                                                                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  | Suite, Apt. #, etc.                                                                                                                                                                                     |                                                                                                                                                    |
| City & State<br><b>HOLLYWOOD, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | City & State                                                                                                                                                                                            |                                                                                                                                                    |
| Zip<br><b>33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  | Country<br><b>USA</b>                                                                                                                                                                                   |                                                                                                                                                    |
| 4. FEI Number<br><b>65-1076271</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                  |                                                                                                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  | \$8.75 Additional Fee Required                                                                                                                                                                          |                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><b>PEREZ, AGUSTIN O<br/>8163 N.W. 74 AVE.<br/>MEDLEY, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br><b>2535 SHERMAN STREET</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>HOLLYWOOD, FL</b> Zip Code<br><b>FL 33020</b> |                                                                                                                                                    |
| 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. I am familiar with, and accept the obligations of the registered agent.<br>SIGNATURE  DATE <b>04/28/03</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                              |                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                         |                                                                                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.                                                                                                                                                  |                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>PEREZ, AGUSTIN O<br>8163 N.W. 74 AVE.<br>MEDLEY, FL 33166 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | PD<br>AGUSTIN O. PEREZ<br>2535 SHERMAN STREET<br>HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D<br>BARREDO, EDMUNDO M<br>8163 N.W. 74 AVE.<br>MEDLEY, FL 33166 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | D<br>EDMUNDO M. BARREDO<br>2535 SHERMAN STREET<br>HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| 12. 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                  |                                                                                                                                                                                                         |                                                                                                                                                    |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  | 04/28/03                                                                                                                                                                                                |                                                                                                                                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | Date Daytime Phone #                                                                                                                                                                                    |                                                                                                                                                    |

CR2E034 (10/02)