FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90503 046 ***158.75

DOCUMENT # P01000048235

1. Entity Name

Carlos Julia' & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3150 SW 11 Street	5050 NW 7 Street
Suite, Apt. #, etc.	Suite 604
City & State: Miami Fl.	City & State: Miami Fl.
Zip: 33135 Country: DADE	Zip: 33126 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109515 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Zorn Carlos

Street Address (P.O. Box Number is Not Acceptable): Puerto Rican Chamber of Commerce
4 Ambassas Twr II, 825 Brickell Dr. 18 Fl.

City: Miami FL Zip Code: 33131

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) [X]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	Pres.
NAME	Carlos Julia
STREET ADDRESS	5050 NW 7 Street Apt 604
CITY-ST-ZIP	Miami Fl. 33126
TITLE	V-Pres.
NAME	Olivia Julia
STREET ADDRESS	5050 NW 7 Street Apt 604
CITY-ST-ZIP	Mia Fl. 33126
TITLE	Director
NAME	Evelyn Julia
STREET ADDRESS	3150 SW 11 St.
CITY-ST-ZIP	Miami Fla. 33135
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos E. Julia' 4/18/02 (305) 445-7146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #