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

## DOCUMENT # P01000089855

1. Entity Name

PROVEMAX INTERNATIONAL, CORP.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90076 046 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS												
Suite, Apt. 4, etc.  Suite, Ap	19272 NW 88 PLACE				19272 NW 88 PLACE			. ,				
City & State	2. Principal F	Place of Busin	ess ·	3. Ma	iling Address			_				
Zip Country Zip Country Sa, Cardificate of Status Depicted Sa, Addisonal Pice Phaginet Peo Phaginet Peo Phaginet Sand Address of Current Registered Agent 7. Name and Address of New Registered Agent Peo Phaginet Peo Phaginet Sand Address of New Registered Agent Peo Phaginet Peo Phaginet Sand Address of New Registered Agent Peo Phaginet Peo Phaginet Sand Address of New Registered Agent Peo Phaginet Peo Phag	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Zip   Country   S, Cardificate of Status Desired   S8.75 Additional Page Required   Fee Required   Street Address of New Registered Agent   Name   Name   Street Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (	City & State			City	City & State				05-1130390			
PATINO, FREDDY 19272 NW 88 PLACE HIALEAH FL 33018  City FL  City F	Zip		Country	Zip		Coun	try		Certificate of Status Desired	\$8.75 Ad	ditional	
PATINO, FREDDY 19272 NW 88 PLACE HIALEAH FL 33018  City  City  FL  Zip Codd  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 time collipsations of registered agent.  SIGNATURE  SUBMANUME FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Back Check Payable to Florida Department of State  10.		6. Name	and Address of Current	t Register	ed Agent		<u> </u>	7.	Name and Address of New Registers			
19272 NW 88 PLACE   HIALEAH FL 33018							Name					
19272 NW 88 PLACE   HIALEAH FL 33018   City   FL   Zip Code	PATINO, I	FREDDY					1					
HIALEAH FL 33018  City FL Zip Code  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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept and stee agent agen	19272 NV	The stage of		Street Address (F			P.U. Box Number is Not Acceptable)					
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 registered agent.    Signature   Symuture   Symut	•		. A									
THE NOW. STEET ADDRESS CITY-ST-ZP TITE TITE TO GUEVARA, ELSY STREET ADDRESS CITY-ST-ZP TITE TITE TO GUEVARA, ELSY STREET ADDRESS CITY-ST-ZP TITE TITE TITE TITE TITE TITE TITE TIT	. (						City		F	Zip Cod	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.				or the purp	ose of changing its	register	ed office or regi	stered ag	gent, or both, in the State of Florida. I a	m familiar with	, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature typed			(NOTE				DIT		<del></del>	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.				rano ilde irapj	INOTE	:: Registere	o Agent signature req	uirea when n	einstating) DAT	<del> </del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	Afte	r May 1, 200	3 Fee will be \$550.00	of State								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S	10.		OFFICERS AND	DIRECTO	RS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE OSTOS, MARTHA EDIFICIO EASO PISO 2 OF L CHACAITO-CARACAS CITY-ST-ZIP TITLE OSTOS, MARTHA EDIFICIO EASO PISO 2 OF L CHACAITO-CARACAS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	TITLE	PD			☐ Delete ·	TITLE			·		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME					NAM	E					
TITLE NAME OSTOS, MARTHA EDIFICIO EASO PISO 2 OF L CHACAITO-CARACAS 1050 VENEZUELA  TITLE TD GUEVARA, ELSY AV BUENA VISTA, QTA GABLA COLINAS LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRE				HACAITO	CARACAS	STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD	CITY-ST-ZIP		EZUELA			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME GUEVARA, ELSY AV BUENA VISTA, QTA GABLA COLINAS LA CALI, CARACAS VE  TITLE VPD Delete GUEVARA, GUINTA GAVID COLINAS LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDR			4 POT 1 4		☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  COLINA LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				LACAITO	CABACAC		i					
TITLE GUEVARA, ELSY AV BUENA VISTA, QTA GABLA COLINAS LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				TACALLO	CHHACAS	<b>1</b>	~ _	7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		-	-20224									
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  OLINAS LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  COLINA LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			FLSY		₩ Delete				•	☐ Change	Addition	
COLINAS LA CALI, CARACAS VE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				<b>=</b>	•		ŀ					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			<u></u>	☐ Delete	TITLE	:	-		☐ Channe	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			A, JOSE A							CD entrige		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS			D		STRE	ET ADDRESS				1	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	COLINA L	CALI, CARACAS VE			CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS												
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS												
NAME STREET ADDRESS STREET ADDRESS						1						
STREET ADDRESS STREET ADDRESS					☐ Delete					☐ Change	☐ Addition	
■ 417 Of Ell	CITY-ST-ZIP											

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 receiver or 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: CONTROLLED TO SIGNATURE:

04/26/03 (305/829260)