PLEASE READ	ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM 1067
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Parts  Secretary if State  Division of corporations	FILED  02 NOV 2! PM 4: 16  SECRETARY OF STATE FALLAHASSEE. FLORIDA
DOCUMENT # POIDODIDIB88  1. Corporation Name International Group. Inc.		ASSEE. FLORINA
2. Principal Office Address 5881 TOWN Bay Dr. Suite, Apt. # etc. #913  City & State Boca Raton, F1  Zip 33486 Country USA	3. Mailing Office Address 5881 Town Bay Dr.  Suite, Apt. #, etc. 4913  City & State Boca Raton, F1-  Zip 33486  Country USA	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  (55-150625  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Segreguined for a Certificate of Status
7. Name and Address of Current Registered Agent  Name Hugo Salinas  Street Address (P.O. Box Number is Not Acceptable)  3497 Sw 169 Timal 11/21/02-01066-013 **150.0#  Suite, Apt. #, Etc.  City Miami, Pl. 33027  State Zip Code 3027		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST Stan		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each City / State / Zip		
Officers and/or Directors	Officer and/or Directo	r City / State / Zip
VP Isaae Abuaf 5881 Town Bay a, 913 Boxa Ratin, F. 1. 33486		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		

FLORIDA DEPARTMENT OF STATE Division of Corporation P.O. box 1500 Tallahasee, fl 32302-1500

Ref: SOUTH INTERNATIONAL GROUP, INC. Uniform Business Report 2002 PO1000101688.

Dear Sirs,

In reply to your letter of august 2002, this is to inform you that "SOUTH INTERNATIONAL GROUP, INC." did not file its 2002 Annual Business Report On time because this company changed its address from 1901 NW 6<sup>th</sup> ST Miami Fl 33142 to Vinings II at town place Apto 913, 5881 Town Bay Drive, Boca Raton Fl 33486 and therefore, it couldn't be filed on time. However, we are sending a new UBR form sent by you on the previously mentioned date, along with the payment of \$150.00 and we would like you to please waive any penalty that this may caused.

We apologize for any inconvenience.

Thank you very much for your cooperation.

Sincerely

General manager.