FILED Jul 01, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION. UNIFORM BUSINESS REPORT (URB)

DOCUMENT # POI	000103322	05-30-2002 91598 005 ***150.00		
R. Ramirez Consulting	International Co.	eporation		
DO NOT WE	RITE IN THIS S	SPACE		
2. Principal Place of Business 74	9 Mailing Add		- 37Q	9 1
1 10111 116 12 121	3. Mailing Address			A A
Suite, Apr. F. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE
MIAMI Florida	City & State		4. FEI Number	Applied For
Zip 2 2 Country	Zip	Courtry	65-1149112	Not Applicable
33179 üs.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO 110		Name +	7. Name and Address of Current Register	ed Agent
DO NOT WRITE Street Addres			SPO Box Number is Not Acceptable)	
IN THIS	SPACE		20211 N.E. 10- Place	
		City		7:-0
8. The above named entity submits this state	ment for the purpose of changing it	5 registered office or regis	lami, Fl	Zip Code 33179
	li The	Togrades direct di regis	tered agent, or both, in the State of Florida.	' /
SIGNATURE Signature, typod or principal file of register	rad agent and title if applicable. (NO	TE: Registered Agent signature requ	fed when constituent	24/02
9. This corporation is eligible to satisfy its Inta	angible January 1 - 1	Nay 1 Fee is \$150.00		/
Tax filing requirement and elects to do so. (See criteria on back)	C i Amenda	1, Fee is \$550.00 d UBR is \$61.25	Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees
11. OFFICERS	AND DIRECTORS	ole to Department of Si	ate	Added to Fees
The tresident	Secketary	TITLE		
STREET ADDRESS Rene F. Ba	MIREZ Street #2000	NAME STREET ADDRESS		120
MIAMI, Fla	Rida / 33130	CATY-ST-ZIP		848
MAME		TITLE NAME		CR2E034B (12/01)
TREET ADDRESS		STREET ADDRESS		18
TLE Vice Presi	dent	CITY-ST-ZIP		
AME J. Leslie L	Jiesey 10th Place	TITLE NAME		
	Florida 33179	STREET ADDRESS CITY+ST-ZIP	DO NOT WRIT	re i
TLE 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ISING 2-1/1	πιε		
REET ADDRESS	en e	NAME	IN THIS SPAC	E
TY-5T-ZIP		STREET ADDRESS CITY-ST-ZIP		
LE . ME		TITLE		
KEET ADDRESS		NAME STREET ADDRESS		
Y-ST-ZIP		CITY-ST-ZIP		1
Æ		TITLE		
EET ADORESS V-ST-ZIP	j	STREET ADDRESS		
I haroby partity that the inch	with this filing does not awalls, to the	CTTY-ST-ZIP		
of the corporation or the receiver or trustee of the corporation	ort is true and accurate and that my empowered to execute this report :	re exemption stated in Sec signature shall have the sa is recurred by Charles 40	tion 119.07(3)(i), Florida Statutes, I further certify ame legal effect as if made under oath; that I am 7. Florida Statutes, and that my name appears to	that the information
7111	empowered.	D TT	, Florida Statutes; and that my name appears to	Block 11 or on arr
GNATURE: J. LOSIE W	OR PRINTED PARE OF SOURCE OF SECTION	spoke bles	2 4/29/02 (305)	653-233-2