


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92203 024 \*\*\*150.00

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

DOCUMENT # <b>PO1000106407</b>			
1. Entity Name <b>IMAS INTERNATIONAL INC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>Miami FL</b>		3. Mailing Address <b>276 NE. 98 St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>miami FL</b>	
Zip	Country	Zip	Country
<b>33138</b>	<b>Dade</b>	4. FEI Number <b>65-1153890</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
<b>FL</b> Zip Code			
<b>DO NOT WRITE IN THIS SPACE</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 registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>05-01-03</b>		<b>05-01-03</b>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>Imas International Inc.</b> <b>276 NE. 98 St.</b> <b>Miami FL 33138</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>PRESIDENT</b> <b>EDUARDO E. SAGARWAGA</b> <b>276 NE. 98 St MIAMI FL 33138</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE:		DATE	
<b>05-01-03</b>		<b>(305) 527-1176</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)