

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91334 008 ***150.00

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1. Entity Name
OFFICE 163RD INTERNATIONAL, INC.

Principal Place of Business
3533 NW 82ND AVE
MIAMI FL 33122
US

Mailing Address
3533 NW 82ND AVE
MIAMI FL 33122
US

11042043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1157443

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROTH, LEONARD A ESQ~~
~~G/O ROTH, ROUSSO & DARRACH, P.A.~~
~~3440 HOLLYWOOD BLVD, STE 360~~
~~HOLLYWOOD FL 33021~~

Name
OVIES IDAC

Street Address (P.O. Box Number is Not Acceptable)
2307 DOUGLASS RD SUITE 400

City MIAMI FL Zip Code 33145

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
DP	RUBEN, ERNESTO	3533 NW 82ND AVE	MIAMI FL 33122	<input checked="" type="checkbox"/>
DV	ARAUJO, ALEJANDRO	3533 NW 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
DST	SANNA, ANTONIO	3533 NW 82ND AVE	MIAMI FL 33122	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DV	JOSE LUIS MALTER	3533 NW 82ND AVE	MIAMI, FL 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	STT TRADING CORP	3533 NW 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/03 Daytime Phone #: 305 392-2580

CR2E034 (10/02)