

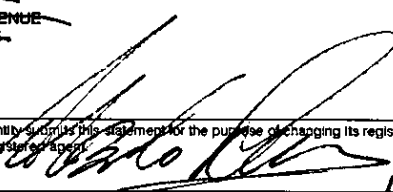
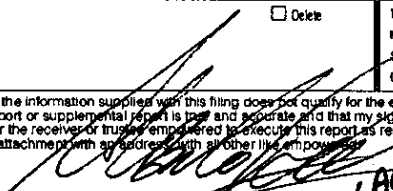


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000027003 1. Entity Name JOR-CACH INVESTMENTS, INC.		
Principal Place of Business 16764 NW 67TH AVENUE HIALEAH, FL 33045		Mailing Address 16764 NW 67TH AVENUE HIALEAH, FL 33015
2. Principal Place of Business 3760 NE 209 TERR	3. Mailing Address 3760 NE 209 TERR	
State, Apt. #, etc. AVENTURA		State, Apt. #, etc. _____
City & State AVENTURA, FL		City & State AVENTURA, FL
Zip 33180	Country USA	4. FEI Number APPLIED
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUBIN, ALBERTO I 16764 NW 67TH AVENUE HIALEAH, FL 33045		7. Name and Address of New Registered Agent Name JORGE D. DERCAUTTAN Street Address (P.O. Box Number is Not Acceptable) 3760 NE 209 TERRACE City AVENTURA FL Zip Code 33180
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  , PRESIDENT DATE 4/11/03 <small>(NOTE: Registered Agent's signature required when registering)</small>		
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. <input type="checkbox"/> \$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	PV RUBIN, ALBERTO I 16764 NW 67TH AVENUE HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE DERCAUTTAN 3760 NE 209 TERRACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARLOS SAIEGH 3760 NE 209 TERRACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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(2)(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 address with all other like employees.		
SIGNATURE: 		Date 4/11/03

CR2E034 (10/02)

ALBERTO RUBIN, PRESIDENT 4/11/03 305-558-6048