FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040551			FILED		
1. Entity Name			07.00		
	_ 1 6	,	07 MAY -1 PM 3: 20		
Hariachi Mexico Internacional, tr			C. SECRETARY OF STATE		
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE					
			500102235305 05/14/0701007025 **150.00	l	
2. Principal Place of Business 22.11SW (3% C+)		03/17/01 01001 023 **130.00	~	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE $oldsymbol{\ell}$	۱(
	0.00				
City & State Mi ani florida	Torrida City & State		4. FEI Number Applie	plicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition	nal	
33175 U.S.H			7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE Name El Street Address (P.C. 2211			1.00		
			P.O. Box Number is Not Acceptable)		
			11 (11 12 0 1 7		
		City MIA	9M1 FL Zip Code 3	3/15	
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.					
X () - Glion 11					
SIGNATURE Signature, typed or printed name of registered agent an	of Lucy - NOTE: Re	gistered Agent signature required	when reinstailing) DATE	-	
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$15			10. Election Campaign Financing \$5.00 M		
(See criteria on back)			Trust Fund Contribution.		
Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS					
TILE (P) ELIAS MUNE		TITLE		<u> </u>	
NAME STREET ADDRESS 2211 SW 138		NAME STREET ADDRESS		(12	
SINCEL ADVACOS	700E00 [1)34B	
TITLE		TITLE		CR2E034B (12/01)	
NAME STREET ADDRESS		NAME STREET ADDRESS		5	
City-SI-ZiP		CITY-ST-ZIP			
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THILE		TITLE			
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-SI-ZIP		CITY-ST-ZIP			
13. I hereby certify that the information supplied with i	this filing does not qualify for the	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under path, that I am an officer or d	nation	
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 11 or on an attachment with an address, with all in a proposered.					
$\sim (6)$ $\sim (1.0)$					
SIGNATURE: X Comp Club I Harmon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone F					