


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

**DOCUMENT #** P02000090530  
 1. Entity Name  
 DISMUNDIAL INTERNATIONAL CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1985 NW 88th Court Suite, Apt. #, etc. Suite 201 City & State MIAMI Zip FL		3. Mailing Address SAME Suite, Apt. #, etc. City & State Country	
Country 33172	Country	4. FEI Number 03-0479047 Applied For Not Applicable	

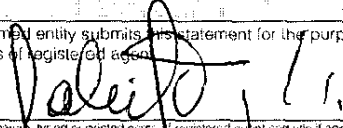
DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name: DIAZ-SARMIENTO, GABRIEL S.  
 Street Address (P.O. Box Number is Not Acceptable):  
 1985 NW 88th Court, Suite 201  
 City: Miami FL Zip Code: 33172

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.

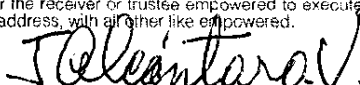
SIGNATURE:  DIAZ-SARMIENTO, GABRIEL S. 06/18/03

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>January - 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</p>	<p>9. Election Campaign Financing                  Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALCANTARA-VARGAS, JAIRO 1985 NW 88th Ct, #201, Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROJAS-RAMIREZ, NELSON 1985 NW 88th Ct, #201, Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROJAS-RAMIREZ, NANCY 1985 NW 88th Ct, #201, Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  ALCANTARA-VARGAS, JAIRO 06/18/03 (305) 594-9759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)