2000 UNIFORM BUSINESS REPORT (UBR) FILED							
DOCUMENT # P93000019374					Jul 25,	2000 8:00	0 am
TRADEINVEX CORP.		F				tary of St	
Principal Place of Business Mailing Address							
420 LINCOLN RD STE 315 MIAMI BEACH FL 33139		420 LINCOLN RD., STE 315 MIAMI BEACH FL 33139					
2. Principal Place of Business		3. Mailing Address					
<u>420 LINCOLN RD</u> Suite, Apt. #, etc. 310		400 SOUTH POINTE DR Suite, Apt. #, etc. 802		<u>R</u>	DO NOT WRITE IN THIS SPACE		
City & State. MIAMI BEACH, FL 33139		City & State			4. FEI Number 65-0394480 Applied For Not Applicable		
^{zig} 331			Country	2	Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent							
WILLMOTT, RICHARD 420 LINCOLN RD, SUITE 290 MIAMI BCH FL 33139				Street Address (P.O. Box Number is Not Acceptable) 400 500 TH POINTE DR #802			
· · · · · · · · · · · · · · · · · · ·				IDMI	BEACH	FL Zip Code	139
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.							
SIGNATURE							
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min (See criteria on back) Make Check Payable to Depare				be \$750.00	10. Election Campaign Fi Trust Fund Contributio		O May Be to Fees
11.	OFFICERS AND D		12.	AL	DITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Willmott, Richard J 420 Lincoln RD, Suite 290 Miami Beach Fl	Delete	TITLE Name Street address City-St-2ip	400 5	MOTT RICH	E DR #80	Addition
TITLE Name Street address	d Willmott, Richard Jr 420 Lincoln RD Suite 290	🗋 Delete	title Name Street address	400 S	I BEACH F MOTT RICHAR OUTH POINTE	DR #802	Addition C
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP	MIDM	BEACH, FL	<u>33139</u>	Addition
- TITLE NAME Street Address City-St-Zip		Delete'	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · •	1 -	El ∙ Cilango	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	·		Change	Addition
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE		<u></u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS	 	🗖 Delete	TITLE NAME STREET ADDRESS			[] Change	Addition
CITY-ST-ZIP	sertify that the information supplied with the	his filing does not qualify for th	CITY-ST-ZIP	ed in Section	119.07(3)(i), Florida Statutes.	I further certify that the in	nformation or director
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 Block 12 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: SIGNATIVE OF DIGNING OFFICER OF DIRECTOR DILLMON July 18, 2000 305-5319292							



Miami, July 17, 2000.-

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS TO WHOM IT MAY CONCERN

Dear Sir.

4.5

I send you this letter in order to ask your consideration for the delay in this payment caused by the non reception of the January invoice. — We suppouse that this non reception is part of the damage the restoration of this building is causing to all the tenants (we did have the same problem with some suppliers invoices not arrived) In the present form I'm changing the mailing address in order not to have the same problem next year.

Looking forward to hear from you soon and again applying to you consideration.

Yours truly **Richard Willmott** Tradeinvex Corp. President