FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) FIT FD DOCUMENT # P 930000 67/52 1. Entity Name 02 OCT -7 AMII: 29 TIGER EYE INTERNATIONAL CORP. SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 300008327633--4 -10/11/02--01022--003 2. Principal Place of Business ****158.75 3. Mailing Address - ****158°.75 10155 COLLIUS DUE 10155 COLUINS DUF Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE JUNT UNIT 303 City & State City & State 4. FEI Number Applied For Missmi BEAL 4 Mismu BEAC4 65-0955892 Not Applicable ^{Zip} 33/54 \$8.75 Additional 5. Certificate of Status Desired USD Fee Required 7. Name and Address of Current Registered Agent TACHIBDAD, DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1000 QUAYSIDE TERR IN THIS SPACE Mismu 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Amended UBR is \$61,25 (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE MPS CR2E034B (12/01) TITLE ALOO RAPOEL D RAID, NAME NAME STREET ADDRESS COLUMS AVE 1055 STREET ADDRESS CITY-ST-ZIP BOL HALBOUR 33/54 CITY-ST-ZIP TITLE TITLE NAME LAID, OLDO ROFDEL D NAME STREET ADDRESS 10155 COLLINS DE #301 STREET ADDRESS CITY-ST-ZIP BOU HAMBOUR CITY-ST-ZIP TITLE DP TITLE NAME RAID, SUMPIA L NAME STREET ADDRESS 10155 COLLINS AVE #301 STREET ADDRESS DO NOT WRITE CITY-ST-7IP BAL HARBOUR EL CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE NAME

13. 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 11 or on an

STREET ADDRESS

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10-03-2002 305-868-444+

Tiger Eye International Corp.

URGENT



Miami, August 28, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee – FL - 32314

Dear Sirs

I didn't receive the forms to pay the Business Report this year of 2002, perhaps because I was out-of-town in the occasion.

You informed us by phone this morning that, in this case, we could file the company for the fee of \$ 150.00.

Please send us the updated forms so we can fill them and send to you with the correspondent check.

Tiger Eye International Corp. 10155 Collins Ave, unit 303 Bal Harbour - FL - 33154 Document Number: P93000087152 FEI Number: 650455892

Thank you in advance.

/MMOOI

Aldo Raia