

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087932

1. Entity Name

AMETHYST INTERNATIONAL CORP.

FILED

01 MAY 30 PM 2:08

SECRETARY OF STATE

Principal Place of Business Mailing Address
 10155 Collins Avenue
 Unit 303
 Miami Beach, Florida 33154

2. Principal Place of Business 3. Mailing Address
 Suite, Apt., #, etc. Suite, Apt., #, etc.
 City & State City & State

Zip Country Zip Country
 USA

4. FEI Number 65-0455884 Applied For Not Applicable
 6. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 M. Tachibana
 1000 Quayside Terr., #1608
 Miami, FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 is not required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		
TITLE	D PST	<input type="checkbox"/> DELETE
NAME	RAIA, ALDO RAFAEL A.	
STREET ADDRESS	10155 Collins Avenue, #301	
CITY-ST-ZIP	Miami Beach, Fl 33154	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAIA, SUMAIA L.	
STREET ADDRESS	10155 Collins Avenue, #301	
CITY-ST-ZIP	Miami Beach, Fl 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	000004439820--4
14 CITY-ST-ZIP	-06/25/01--01117--022
	*****61,25 *****61,25
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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,

SIGNATURE *Melo*

5/10/01

(305) 961 6694