

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

FILED

DOCUMENT # P 93000087932

1. Entity Name  
**AMETHYST INTERNATIONAL CORP.**

02 OCT -7 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

300008328543--4  
-10/11/02--01027--001  
\*\*\*\*158.75 \*\*\*\*158.75

2. Principal Place of Business  
**10155 COLLINS AVE**

3. Mailing Address  
**10155 COLLINS AVE.**

Suite, Apt. #, etc.  
**UNIT 303**

Suite, Apt. #, etc.  
**UNIT 303**

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

4. FEI Number  
**65-0453884**

Applied For  
Not Applicable

Zip  
**33154**

Country  
**USA**

Zip  
**33154**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**TRICHIBONA, M. CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**1000 QUAYSIDE TELL #1608**

City **MIAMI** FL Zip Code **33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
RAIA, ALDO RAFAEL A  
10155 COLLINS AVE # 301  
MIAMI BEACH FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
RAIA, SUMAIA L  
10155 COLLINS AVE # 301  
MIAMI BEACH FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE: **ALDO RAFAEL A RAIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/03/2002** **305-861-6674**  
Date Daytime Phone #

CR2E034B (12/01)

**Amethyst 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.

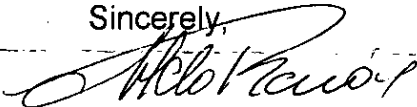
You informed us by phone this morning that, in this case, we could file the company for the fee of \$ 150.00.

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

**Amethyst International Corp.  
10155 Collins Ave, unit 303  
Bal Harbour - FL - 33154  
Document Number: P93000087932  
FEI Number: 650455884**

Thank you in advance.

Sincerely,



Aldo Raia