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2000 UNIFORM BUSINESS REPORT (UBR)

DOCL	IMENT # PQ40000001021	/ <u></u>			
FFD SOTTWINE & HIDRO WARE INTERNOTIONAL				FILED	
COLFOTATION				00 AUG 16 PM 12: 59	
Principal Place of Business Mailing Address					
				SECRETARY OF STATE TAULAHASSIOTE SELP	
Principal Place of Business					
Suite, Apt. #, etc. 12 330 NW Suite, Apt. #, etc.		W 55	ST	DO:NOT.WRITE IN.THIS.SPACE	
City & State COQ DL SPRINLS			• ,	4. FEI Number 65 - 0494790 Applied For Noi Applicable	
Zip				\$0.75 AAREAA	
-	Country 3 ^{Zip} / ₃ 076		<u> </u>	Fee Required	
<i>;</i> .	6. Name and Address of Current Registered Agent		Name ·	7. Name and Address of New Registered Agent	
GUTIERREZ OSCAR			Street Address (P.O. Box Number is Not Acceptable)		
	30 NW 55 STREET	•		· · · · · · · · · · · · · · · · · · ·	
CORAL SPRINGS, FL, 33076			City FL Zip Code		
. The above	named entity submits this statement for the purpose of changin	g its register	ed office or regis	stered agent, or both, in the State of Florida.	
:	• .				
IGNATURE .	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registere	1 Agent signature requ	ired when remstating) OATE	
Tax filing r	**************************************	2000 Fee	IS/\$150.00 4 will be \$550.0	CENCENTE INSTRUMENTALINA I ANDRES A FRANCE	
ī.	OFFICERS AND DIRECTORS	्रिक्टम्पूरक्ट-कार्यम्स 12.	olembarri inforto	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE	FOUSECA FLOUCISCO Delete	TITLE		Change Addition	
ame Treet address	10240 SW 56 ST SUITE 115		ET ADDRESS	·	
ITY-ST-ZIP	HINHI, FL 33165 (PROSIDENT) CITY-	ST-ZIP		
ITLE AME	SEVEDETTI CAFAEL Delete	TITLE NAME	!	☐ Change ☐ Addition	
	18970 BOB-O-LINK DR	STRE	T ADDRESS		
TY-ST-ZIP ILE	MIBHI, FL; 33015 (TREDE DR or) OSCAR BUTTERTOR Delete	TITLE	ST-ZIP	☐ Change ☐ Addition	
AME	2330 NW 55 5T	NAME	- 1	Clarife C vonison	
TREET ADDRESS TY-ST-ZIP	CORAL SPRING, FL, 33076 (VICEPRESI)	1	T ADDRESS ST-ZIP		
TLE	Deicle		I	Change Addition	
reet address		NAME STREE	TADDRESS	·	
IY-ST-ZIP			ST-ZIP		
LE ME	Oelete	TITLE	-	· Change Addition	
REET ADDRESS	4	NAME STREE	T ADDRESS		
IY-ST-ZIP		спу-	ST-ZIP		
rle Wie	Delete	TITLE NAME		☐ Change ☐ Addition	
TREET ADDRESS	$O_{2} \sim 10^{-3}$		TADORESS	KE	
i. 3. I hereby c	ertify that the information supplied with this filing does not qualify on this report or supplemental report is true and accurate and the poralion or the receiver or trustee empowered to execute this report on an attachment with an address, with all other like empower	for the even	ortion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	



August 12.2000

To whom it may concern:

Reference # P94000040696

Please review enclosed letters.

Explanation as follows:

I submitted the required payment (\$150) without the annual report (I didn't receive it on time so I sent a written notice with all the information as well) and it was returned. After receiving the report I sent the payment again with the annual report on June 20,2000 (within 30 days given to me from the date of the letter-June 2,2000- to avoid a \$400 fine). After I sent the report and the payment (within the time given to me), I received a second letter where I'm required to pay a \$400 fine.

I believe there has been a mistake since I mailed the report & payment within the time frame given to me. Please advise to whether or not disregard the second notice.

Sincerely,

Oscar Gutierrez.

(J. D.

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