## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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l		IENT # P950000128	392	1		\	·		
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<del> </del>		24. 		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ME	INSTATEMENT	RIDA03-04	
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_	Principal Place		3. Mailing Address	3. Mailing Address			300027402819 /22/0401021006 **1	<b>5</b> 158.75	
	117 MA	JORCA AVE.	Suite, Apt. #, etc.			٠,,,	DO NOT WRITE IN THIS SI		
	Suite. Act. #, s	etc.					I Number	Applied For	
	C GAB	LES FL	City & State			65-	-1156037	Not Applica	able
	C: GAB1 33134	Country	Zip	Countr	ntry		ertificate of Status Desired XXJ	Fee Required	
-	JJ 134	U.S.A.			. Nee-		ne and Address of Current Registered	Agent	
-		The second second		-	Name EBI	E ALLI	EGRETTI		
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				11.1	City	<u> </u>	ion FL	Zip Code 33324	_
_,	having statement for the ourspace of changing its reg					antat: istered ager		amiliar with, and acce	ept
-1	Plantation  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. I am familiar with, and accept the obligations of registered agent.								
	<u>_</u>	Polli Ebe	Allegrett	<u>ti</u>			agent.		
		Signature, typed or printed name of registered agent an	nd title if applicable (NOT.	TE: Registere	ed Agent signature rec	quired when rein	nstating)	<b>PF 00</b>	D-
- 1 - 2 - 2 - 3	Janu	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May I Added to Fees	
		Amended UBR is \$61.25 Payable to Florida Department of	State			Sayer & V	The second secon		
ــنا	10.	OFFICERS AND D	DIRECTORS .	-	LE .	DD		-	
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1	NAME				STREET ADDRESS	UAN	M. MATAS	CDEMMT	

STREET ADDRESS

ASSIST. SEC. EBE ALLEGRETTI

TOTAL PLANT ADDRESS

ASSIST. SEC. EBE ALLEGRETTI

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EBE ALLEGRETTI SIGNATURE: EBE ALLEGRETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIST-SECRETARY

4-28-2003

Daytime Phone #

## I. J. M. USA, INC. 117 MAJORCA AVE, CORAL GABLES FLORIDA. 33134 Pho. (305) 529-8899 Fax (305) 529-5444

**JANUARY 15<sup>TH</sup>, 2004.** 

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS REISNTATEMENT SECTION

P.O. BOX 1500.

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## **GENTLEMEN:**

FURTHER TO OUR PHONE CONVERSATION OF TODAY WE HEREBY RESUBMIT OUR CORPORATE ANNUAL RETUN (UBR) FOR YEAR 2003, THAT WAS TIMELY REPORTED BUT LACKED THE SIGNATURE ON LINE 8, OF THE RESIDENT AGENT. WE FILED THE "UBR," TIMELY AND PAID A FEE OF \$ 158.75 THAT WAS DEPOSITED BY YOUR DEPARTMENT, SEE COPY OF OUR CHECK WE DID NOT KNOW THAT OUR CORPORATION (I.J.M. USA, INC.) HAD BEEN DISSOLVED SINCE SEPT/9<sup>TH</sup>/03. WE WERE NOT AWARE OF ANY SUCH DISSOLUTION, BECAUSE WE DID FILED AND PAID THE REOUIRED FEES TIMELY

AS PER YOUR INTRUCTIONS KINDLY FIND HEREAFTER THE "UBR" FORM SIGNED (IN ORIGINAL) ON LINES 8 AND 12<sup>TH</sup>. FOR THE YEAR 2003, COPY OF OUR PAYMENT AND TRANSMITTAL LETTER OF 1/09/2004

FURTHERMORE AS PER YOUR INTRUCTIONS WE ARE SENDING YOU HEREWITH OUR CHECK # 24/13 FOR \$ 158.75 TO COVER THE YEAR 2004.

PLEASE REINSTATE THE CORPORATION AT YOUR EARLIEST CONVENIENCE SEND US CONFIRMATION VIA FAX TO (305)529-5444 AND THE CERTIFIED COPY THAT WE PAID, VIA MAIL SO WE CAN RESOLVE THAT PROBLEM WITH THE BANK. YOURS VERY TRULY

I.J.M. USA, INC

By: \_\_\_\_\_\_

SECRETARY AND REGISTER ED AGENT