

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90021 012 ***150.00

DOCUMENT # P95000027903

1. Entity Name
KOWELL CORPORATION

Principal Place of Business 4080 S.W. 84 AVENUE SUITE E MIAMI FL 33155 US	Mailing Address 4080 S.W. 84 AVENUE SUITE E MIAMI FL 33155-4263 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0688489		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent PENEDO, FRANCISCO 8381 S.W. 40TH STREET MIAMI FL 33155				7. Name and Address of New Registered Agent			
				Name Jose Manuel Fernandez			
				Street Address (P.O. Box Number is Not Acceptable) 4080 SW 84 Avenue, Suite E			
				City Miami		Zip Code FL 33155	

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: **Jose Manuel Fernandez** February 3, 2000
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 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 Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENEDO, FRANCISCO 8381 S.W. 40TH STREET MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez, Jose Manuel 4080 SW 84 Avenue, Suite E Miami, Florida 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENEDO, MARIA A 8381 S.W. 40TH STREET MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Soto, Ana Maria 4080 SW 84 Avenue, Suite E Miami, Florida 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **President** February 3, 2000 (305) 227 7366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)