

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95 0000 67086

1. Entity Name  
GESPI INTERNATIONAL CORP  
SUN FOOD DISTRIBUTORS

FILED  
May 09, 2000 8:00 am  
Secretary of State  
05-09-2000 90130 022 \*\*\*150.00

Principal Place of Business Mailing Address  
13923 SW 93rd Lane.  
Miami, FL 33180.

2. Principal Place of Business 3. Mailing Address  
9601 SW 142 AVE 9601 SW 142 AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
503 503  
City & State City & State  
Miami FL Miami FL  
Zip Country Zip Country  
33186 Miami-DADE 33186 Miami-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
65-0604839 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
De Souza Benedicto CJR.  
13923 SW 93 Lane.  
Miami FL 33180.

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 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	D. Scarpato Joao Batista M	<input checked="" type="checkbox"/> Delete	TITLE	President / Tres. Carlos A Santos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13923 SW 93 Ln.		NAME	5280 NW 109 Ave Unit 102	
STREET ADDRESS	Miami FL 33186		STREET ADDRESS	Miami FL 33178	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D. Picolini Carlos A.	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pre / Secretario Benedicto De Souza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13918 SW 90 Terr.		NAME	9601 SW 142 AVE #503	
STREET ADDRESS	Miami FL 33186		STREET ADDRESS	Miami FL 33186	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: MAY 01/00 (305) 436-0595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)