

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90026 038 ***150.00

DOCUMENT # P95000076519

1. Entity Name
INVESTORS INTERNATIONAL CORPORATION



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 657 S.W. 11TH STREET UNIT 18 MIAMI FL 33129 | Mailing Address 657 S.W. 11TH STREET UNIT 18 MIAMI FL 33129-1046 |
|--|---|

| | |
|--|--|
| 2. Principal Place of Business 657 SW 11ST #18 | 3. Mailing Address 657 SW 11ST #18 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|----------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
|----------------------------------|----------------------------------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0611251 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33129 | Country USA | Zip 33129 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

PENA, MARTA C
657 SW 11 ST
UNIT 18
MIAMI FL 33129

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 *Marta Peña* **MARTA PEÑA** 2-20-00
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 | PSTD ABRIL, RAQUEL R 657 S.W. 11TH STREET, UNIT 18 MIAMI FL 33129 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: *[Signature]* **2-20-00** **(305) 858-1721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)