

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000046767**

1. Entity Name

**WOLFCORP, INC****FILED****Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90305 001 \*\*\*158.75

**816774**

DO NOT WRITE IN THIS SPACE -

Principal Place of Business <b>2186 NW 87 AVE MIAMI FL 33172 US</b>	Mailing Address <b>2186 NW 87 AVE MIAMI FL 33172 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0668519</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GONZALEZ, REINALDO 14348 SW 171ST TERRACE MIAMI FL 33177</b>
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7. Name and Address of New Registered Agent Name <b>GONZALEZ, REINALDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2186 NW 87 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33172</b>
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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.
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SIGNATURE <b>REINALDO GONZALEZ</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	DATE <b>2/28/01</b>
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GONZALEZ, REINALDO</b> <b>2186 NW 87 AVE</b> <b>MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>D'ALESSANDRIA, CARLOS</b> <b>2186 NW 87 AVE</b> <b>MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>RAMIREZ, FERNANDO</b> <b>2 AVENIDA CALE 4 EDIFICIO NA. FERNANDA</b> <b>MONTAIBAN CARACAS VENEZUELA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ESTABA, MARIA ALEJANDRA</b> <b>CR CARONI PIAZZA EDIFICIO CB P2 #1</b> <b>PUERTO ORDAZ ESTADO BOLIVAR VENEZUELA</b> <input type="checkbox"/> Change <input checked="" 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.
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SIGNATURE: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>2/28/01</b> Date	DAYTIME PHONE # <b>305-5995250</b> Daytime Phone #
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CR2E034 (10/00)