

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90112 006 ***150.00

DOCUMENT # P96000059925

1. Entity Name
LAURA PACIFIC INC.

Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33313-1	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131-2619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0706113	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROJAS, MARCOS E
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33313-1**

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 _____ (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	NAME MAZUELA, MONICA	TITLE	NAME
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305	CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS	CITY-ST-ZIP
TITLE PS	NAME MAZUELA, MONICA	TITLE	NAME
STREET ADDRESS 520 BRICKELL KEY DR SUITE 0-305	CITY-ST-ZIP MIAMI FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME ROJAS, MARCO	TITLE	NAME
STREET ADDRESS 520 BRICKELL KEY DR SUITE 0-305	CITY-ST-ZIP MIAMI FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 reports 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: Marco E. Rojas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000 (305) 374-3800
 Date Daytime Phone #

CR20034 (9/00)