

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085316

Entity Name
WALCA INTERNATIONAL CORP.

Principal Place of Business Mailing Address

13363 SW 135 Avenue
Miami Florida 33186



FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90009 044 ***158.75

CO036506

Principal Place of Business 3. Mailing Address

13363 SW 135 Avenue
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

Zip Country

33186 USA

City & State

Zip

Country

4. FEI Number

65-0736740

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

Bovea Accounting Services
821 SW 122 Avenue

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)



FILED NOW FEE (\$8.7500)

DATE MAY 14, 2001 File Number 550-00

Mail Check Payable to the 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

CR2E034 (9/99)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Milcha Luzey 2129 W 55 St. Hialeah Florida 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Renan Wall Jr 10309 SW 162 Ct. Miami Fl. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Victor Cabrera 10309 SW 162 Ct. Miami Fl. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Renan Wall C 10309 SW 162 Ct. Miami Fl. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Renan Wall Sr. 13350 SW 90 Tr. Miami Fl. 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Inter. Jorge Muñoz 13350 SW 90 Tr. Miami Fl. 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami Fl. 33186	<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, 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

03/15/01

(305)232-5972