

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90044 022 ***150.00

DOCUMENT # P97000025261

1. Entity Name
IBERSIS CORPORATION

Principal Place of Business 7950 NW 53RD STREET #205 MIAMI FL 33166 US	Mailing Address 7950 NW 53RD STREET #205 MIAMI FL 33166 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8200 NW 52 TR	3. Mailing Address
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc.
City & State MIAMI, FL 33166	City & State

4. FEI Number 65-0738525	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip U.S.A	Country U.S.A	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-------------------------	-----	---------	---

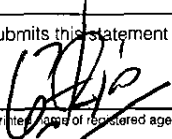
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SISTI, BEATRIZ
 IBERSIS CORPORATION
 7950 NW53, STE. 205
 MIAMI FL 33166**

Name OLGA M. ORTIZ / IBERSIS CORP
Street Address (P.O. Box Number is Not Acceptable) 8200 NW 52 TR SUITE 301
MIAMI, FL 33166
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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGNACIO DE ALVARO, JUAN 7950 NW 53RD STREET STE # 205 MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGNACIO DE ALVARO 8200 NW 52 TR SUITE 301 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **IGNACIO DE ALVARO** 01/16/00 305-573-0118
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)