

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90961 004 ***150.00

AB061147

DOCUMENT # 97000029309
 1. Entity Name
GRAFAZ CORPORATION

Principal Place of Business Mailing Address
5581 SW 8TH ST #H 1149 SW 27TH AVE #305
MIAMI FL 33134 MIAMI FL 33144

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

4. FEI Number 05-0755824 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANDRES W. LOPEZ
1149 SW 27TH AVE #305
MIAMI FL 33135

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 _____ 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.

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
 TITLE PK ROBERTO GUZMAN Delete
 NAME
 STREET ADDRESS 1149 SW 27TH AVE #305
 CITY-ST-ZIP MIAMI FL 33135
 TITLE VP MARIA C. BARBARO Delete
 NAME
 STREET ADDRESS 1149 SW 27TH AVE #305
 CITY-ST-ZIP MIAMI FL 33135
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change 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: X ROBERTO GUZMAN Date APRIL 12-2000 Daytime Phone # 305-643-6455

CR2E034 (9/99)