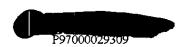
2001 UNIFORM BUSINESS REPORT (UBR)



DOCU	MENT # P970 0	00293	309			,		<u> </u>	9700002930	9—-	•
1. Entity Name GROUPAZ CORPORATION						-خه	FILED				
	<u></u>		· <u> </u>				01	MAY -2 PI			
Principal Place of Business 5581 SW 6TH STREET MIAMI FL 33134 US			ng Address								
			1149 SW 27TH AVE #305 MBAMB FL 33144				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal	Place of Business	3. Ma	iling Address								
Suite, Apt	#, etc.	Súil	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te ·	City	City & State			4	I. FEI Number	65-0755824		Applied For Not Applicable	}
Zip	Country	Zip		Coun	Country		. Certificate of S	Status Desired	69.75 4	dditional	
	6. Name and Address of Cu	rrent Register	ed Agent			7	. Name and Ad	dress of New Regist	ered Agent]
<u>-</u>	EZ, ANDRES W		-		Name		=				_,
1149 S.W. 27 AVE STE 305					Street Address (F). Box Number is	Not Acceptable)		•	
	Al FL 33135								 		
					City				FL Zip Co	ide .	!
8. The above	named entity submits this statem	ent for the purp	ose of changing its	registere	ed office o	r registered		n the State of Florida.	 1 .		
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SIGNATURE	Signature, typed or printed name of registered	agent and title if app	Nicable. (NOTE	: R+ gistered	d Agent signa	ture required who	n reinstating)		DATE 19 4650		
Tax filing	oration is eligible to satisfy its Intar requirement and elects to do so, ria on back)	" أحمث	FILE NOW!)1 Fee	will be \$	550.00	10. Election	n Campaign Financin fund Contribution.	9 \$5.	00 May Be ed to Fees	
11.		AND DIRECTO		12.			L ADDITIONS/CH	ANGES TO OFFICERS	S AND DIRECTO	RS IN 11	ľ
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NAME STREET ADDRESS CITY-ST-ZIP	.GUZMAN, ROBERTO N 1149 SW 27TH AVE., #305 MIAMI FL 33135		; ; ;		ET ADDRESS ST-ZIP	Ko≯	ZPTO (60/	·M A ∕		-GRZE034 (10/00)
TITLE	VP	··:	☐ Delete	TITLE				:	Change	Addition	SE.
NAME	BARBARO, MARIA C		•	NAME)	• 1	oogg4	-21 34	15 1 021	
Street Address City-St-Zip	1149 SW 27TH AVE., #305 MIAMI FL 33135				ET ADDRESS - ST - ZIP			*************************************	6/0101 (50.00 *	:::::::::::::::::::::::::::::::::::::	00
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STREET ADDRESS City-St-Zip					ET ADORESS ST-ZIP						
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VAME			LJ Derete	NAME							
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP					ST-ZIP	 		- 72	Charas	☐ Addition	
TITLE NAME			☐ Delete	TITLE				* -35	Change	☐ vacation	
STREET ADDRESS				STREE	T ADDRESS				·	j	
TY-ST-ZIP				┛	ST-ZIP	L					
indicated of the con	ertify that the information supplied on this report or supplemental rep poration or the receiver or trustee	with this filing ort is true and a pripowered to	does not qualify for the courage and that me execute this report a	me exen y s:gnatu is requir	nption stai ure shall h ed by Cha	ed in Section ave the sam apter 607, Flo	n 119.07(3)(i), Fl e legal effect as xida Statutes; a	ionda Statutes. I furthe if made under oath; t nd that my name app	er certify that the hat I am an office ears in Block 11	information or director or Block 12 if	