

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 009 ***150.00

DOCUMENT # P97000029343

1. Entity Name
ANVIL INVESTMENTS, INC.

Principal Place of Business 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134	Mailing Address 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134
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00008140



DO NOT WRITE IN THIS SPACE

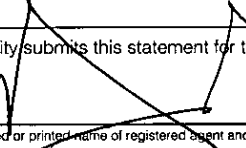
2. Principal Place of Business 250 GIRALDA AVE Suite, Apt. #, etc. CORAL GABLES, FL City & State	3. Mailing Address 250 GIRALDA AVE Suite, Apt. #, etc. CORAL GABLES, FL City & State
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4. FEI Number **65-0739683** Applied For Not Applicable

Zip 33134 Country USA	Zip 33134 Country USA	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
NUNEZ, ALEJANDRO
1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

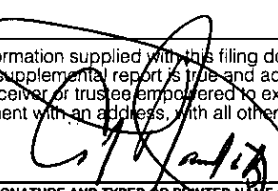
7. Name and Address of New Registered Agent
 Name **NUNEZ, ALEJANDRO**
 Street Address (P.O. Box Number is Not Acceptable)
250 GIRALDA AVE
 City **CORAL GABLES FL** Zip Code **33134**

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  **ALEJANDRO NUNEZ ESQ** DATE **4-25-01**
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SEIJAS, VICTOR 1607 PONCE DE LEON BV 101 MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SEIJAS, VICTOR 250 GIRALDA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCA, ANTONIO J 1607 PONCE DE LEON, #101 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCA, ANTONIO J. 250 GIRALDA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUNEZ, ALEJANDRO 1607 PONCE DE LEON, #101 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUNEZ, ALEJANDRO 250 GIRALDA AVENUE CORAL GABLES, FL 33134 <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
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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:  **ANTONIO BLANCA** **PRESIDENT** DATE **4/25/2001** DAYTIME PHONE # **305-774-6227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)