FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				SECRETARY OF STATE
DBS International, Inc				02 OCT -3 PH 12: 01
2. Principal Place of Byrsiness				9000083071291 -10/10/0201053010 *****150.00 *****150.00
<u>3110 NW 2nd Avc</u> Suite, Apt. #, etc.	5110 WW Cricl Ave Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State <u>Hicmi, FL</u> Zip <u>33127</u> Country UDA	City & State Hicmi, F.	<u>Hicmi, F1</u>		FEI Number 65-0744679 Applied For Not Applicable Certificate of Status Desired \$8.75 Additional
	<u> </u>	Name (Name and Address of Current Registered Agent
DO NOT WRITE UQUOID Y 40100 IN THIS SPACE Street Address (P.O. Box Number is Not Acceptiable)				
The above named entity submits this statement f SIGNATURE		' \	registered a	In the State of Florida.
Signature. typed or printed name of registered agent and tale if applicable. (NOTC: 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) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61:25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIFFECTORS Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$61:00 Added to Fees				
11. TITLE NAME STREET ADDRESS STIO UW COCL AUC CITY-ST-ZIP HIGONI, FL 33127	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PD NAME BUITYOLDO, GORMON STREET ADDRESS CITY-ST-ZIP HIOMI, FL 33127		TITLE NAME STREET ADDRESS * CITY - ST - ZIP	*	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 - 19 1 9 1	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	
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 attachment with an address, with all otherwise empowered. SIGNATURE: Accurate and that my name appears in Block 11 or on an address, with all otherwise empowered. SIGNATURE: Accurate and the provided of signing officer or Director Bate Date Dat				
······································				Daytime Phone #



DBS International Design Building Systems 5110 NW 2nd Ave. Miami, FL 33127 Tel: (305) 757 7688 Fax: (305) 757 7687

August 20, 2002

DEPARTMENT OF STATE

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: DBS International, Inc P97000039381

Gentlemen:

It has come to our attention that we did not file the Uniform Business Report on time this year.

Our address changed last year and we did not receive the UBR form from your department. We would like to request at this time that we be allowed to pay the \$150.00 original fee instead of the late fee. We are enclosing the report, which contains the correct address and officers.

Thank you very much for your cooperation.

Sincerely,

um un GERMAN, BUITRAGO President