

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90116 049 ***150.00

DOCUMENT # P97000051345

1. Entity Name
FIREX INTERNATIONAL INC.

950052



DO NOT WRITE IN THIS SPACE

Principal Place of Business 20824 SAN SIMEON WAY #109 NORTH MIAMI BEACH FL 33179 US	Mailing Address 20824 SAN SIMEON WAY #109 NORTH MIAMI BEACH FL 33179-1756 US
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2. Principal Place of Business 324 NW 170th St.	3. Mailing Address 324 NW 170th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
Zip 33169	Country USA

4. FEI Number 65-0786192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GONZALEZ, VICENTE
 20824 SAN SIMEON WAY
 #109
 NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent
 Name **LUIS JERONIMO TERIFE**
 Street Address (P.O. Box Number is Not Acceptable)
324 NW 170th St.
 City **NORTH MIAMI BEACH FL** Zip Code **33169**

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 *Luis Jeronimo Terife* DATE 4/17/2000
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, VICENTE 20824 SAN SIMEON WAY #109 NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUIS JERONIMO TERIFE 324 NW 170th St. NORTH MIAMI BEACH FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, MARIA Y 20824 SAN SIMEON WAY #109 NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAROLINA TERIFE F. 324 NW 170th St. NORTH MIAMI BEACH FL 33169	<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
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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: *Luis Jeronimo Terife* DATE 4/17/2000 DAYTIME PHONE # (305) 6528483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)