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FILED

Jul 02, 2001 8:00 am
Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700008335/
1. Entity Name
SEMPITERNA INT. INC.

05-23-2001 90523 001 ****8.75
05-23-2001 90523 002 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business 650 NE 64TH STREET Suite, Apt. #, etc. G610
3. Mailing Address P.O. Box 1181 Suite, Apt. #, etc.

City & State MIAMI City & State MIAMI BEACH

Zip 33138 Country USA Zip 33119 Country USA

4. FEI Number 65-0783005 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

7. Name and Address of New Registered Agent
Name JUERG DANIEL SCHMID
Street Address (P.O. Box Number is Not Acceptable) 680 NE 64TH STREET
A-PH 7
City MIAMI FL Zip 33138

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 JUERG DANIEL SCHMID (NOTE: Registered Agent signature required when reinstating) DATE 04-26-01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1-26-01 Fee will be \$350.00
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	<u>DITO</u> <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	<u>DITO</u> <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	<u>PRESIDENT ANJA RANDEGGER</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT ANJA RANDEGGER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2383 FLAMINGO DR. MIAMI BEACH, FL, 39140</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY JUERG DANIEL SCHMID</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY JUERG DANIEL SCHMID</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>680 NE 64TH STREET #A-PH 7 MIAMI, FL, 33138</u>
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

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: [Signature] 04-26-01 305-756 4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)