FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		# P970008	39739	•	w	Ja S	n 19, 200 ecretary	1 8:00 of Sta	te	
Principal Place of Business 13800 SW 8TH ST #215 MIAMI FL 33184 US			Mailing Address P O BOX 653338 MIAMI FL 33265 US				9 V V T 3 5			
2. Principal Place of Business			3. Mailing Address				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WAITE IN			
City & Stat	e ,		City & State		4. FEI Numb	er 65-0787261		Applied For Not Applicable		
Zìp		Country	Zip	Cour	itry	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi		
	6. Name	and Address of Current Re	gistered Agent	<u> </u>	Name	7. Name and	Address of New Regis	tered Agent		
RESTREPO, NICHOLAS 4150 NW 7TH STREET SUITE 344 MIAMI FL 33126					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
Tax filing	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.		V!!! FEE 2001 Fee	IS \$150.00 will be \$550.0	10 Tr	ection Campaign Financi ust Fund Contribution.		.00 May Be	
11.		OFFICERS AND DI	RECTORS	12.		ADDITIONS	/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		O, NICHOLAS 7TH STREET SUITE 34	☐ Delete					☐ Changi	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOGRU	MILL	□ Oelete					☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	🚙	المار مه ^{ا المستو} ر فهيه و المهاريسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسيونيوسي	Delete		_	and the second	- 12	☐ Chang	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	e Addition	
TITLE NAME			☐ Delete	TITL	E			☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			Detete		ME EET ADDRESS 7-ST-ZIP				}	

indicated on this report or supplemental report is fine and accurate and many signature shall have the same legal effect as it made under darr, that i arrian officer 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: Wieden Autrepo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (305) 970-7030
Date Daylime Phone #