## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000091291

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

WODED DEADINGS INC

WONLD DEF	Aningo, inc.					
Principal Place of E	Business	Mailing Address	Mailing Address			
CORAL WAY #407 FL 33145		1801 CORAL WAY #407 Miami Fl 33145-2784 US	MIAMI FL 33145-2784			
Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State		City & State	City & State			
Zip	Country	Zip ~=	Country—	5. Certificate of		
6.	Name and Address of Ci	urrent Registered Agent		7. Name and		
	EGISTERED AGENTS, IN	NC.	Name Street Addres	s (P.O. Box Number		
SUITE 20						

## **FILED** May 13, 2000 8:00 am Secretary of State

05-13-2000 90017 007 \*\*\*150.00



Applied For 65-0805727 Not Applicable \$8.75 Additional f Status Desired Fee Required Address of New Registered Agent

DATE

is Not Acceptable) Zip Code City FL 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.

(NOTE: Registered Agent signature required when reinstating)

Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000	FEE IS \$150.00 Fee will be \$550.00 to Department of Sta		10. Election Campaign Financing Trust Fund Contribution.	Added	<b>0</b> May Be I to Fees
11. OFFICERS AND DIRECTORS			12.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATERON, PAUL A TRANSVERSAL 18#127-43M APT. 1 SANTAFE DE BOGOTA, D.C.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAJALES SALDARRIAGA, MARIO CALLE 10 BIS#15-57, APT 602 PEREIRA RISARALDA, COLOMBIA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	حسست	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTIERREZ GIRALDO, ANDRES CALLE 91 #13-54 SANTAFE DE BOGOTA, D.C.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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 of 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 attactment with an address, with all other like ampowered.

**SIGNATURE:** 

PAUL A. MATERON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/14/00

(305)860-9285