

2000 UNIFORM BUSINESS REPORT (UBR)

08-2000

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DOCUMENT # P97000096640

1. Entity Name
ISMANA CORPORATION

FILED
00 MAR -1 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7225 N.W. 25 ST SUITE 306 SAME
MIAMI FL 33122

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0793150 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
ISMAEL MORIERA
7225 N.W. 25 ST SUITE 306
MIAMI FL 33122

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: 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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
STREET ADDRESS	ISMAEL MORIERA	
CITY-STATE-ZIP	7225 N.W. 25 ST SUITE 306 Miami FL 33122	
TITLE	Secretaria	<input type="checkbox"/> Delete
STREET ADDRESS	ANA MORIERA	
CITY-STATE-ZIP	7225 NW 25 ST SUITE 306 Miami FL 33122	
TITLE	Tesorero	<input type="checkbox"/> Delete
STREET ADDRESS	FRANCISCO HERNANDEZ	
CITY-STATE-ZIP	7225 NW 25 ST Suite 306 Miami FL 33122	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500008109775	
CITY-STATE-ZIP	-03/14/00--01107--018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 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: *Ismael Moriera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

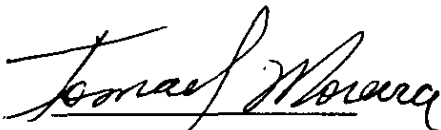
SP

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Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **ISMANA CORPORATION, INC** Thank you for your courtesy in this matter.



ISMAEL MORIERA
President