

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90032 024 ***150.00

DOCUMENT # P97000104783

1. Entity Name
MINDENVEST INVESTMENT CORP.

Principal Place of Business 9595 N. KENDALL DRIVE SUITE 200 MIAMI FL 33176	Mailing Address 9595 N. KENDALL DRIVE SUITE 200 MIAMI FL 33176-1979
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0818672**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
<input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent
GUILLÉN, JOSE L. *GUILLÉN, C. L.*
9595 N. KENDALL DRIVE
SUITE 200
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name ***GUILLÉN CELIA, L.***
 Street Address (P.O. Box Number is Not Acceptable) ***9595 N. KENDALL DR. #200***
MIAMI ***FLA 33176***
 City ***FL*** Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE ***4-11-00***

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	D <input checked="" type="checkbox"/> Delete
NAME	GUILLÉN, JOSE L JR
STREET ADDRESS	9595 N. KENDALL DRIVE, #200
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	GUILLÉN, ANA C
STREET ADDRESS	9595 N. KENDALL DRIVE, #200
CITY-ST-ZIP	MIAMI FL 33176
TITLE	DVP, P <input type="checkbox"/> Delete
NAME	STREZYZOWSKA, C L
STREET ADDRESS	10620 SW 126 ST
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Guillén, C. L.</i>
STREET ADDRESS	<i>9595 N. KENDALL DR. #200</i>
CITY-ST-ZIP	<i>MIAMI, FLA 33176</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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: *[Signature]* DATE: ***4-11-00***

CR2E034 (9/99)