

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90260 032 ***150.00

DOCUMENT # P98000022278

1. Entity Name
FCX FUTURES CORPORATION

Principal Place of Business 1111 KANE CONCOURSE SUITE 219B BAY HARBOR ISLAND FL 33154	Mailing Address 1111 KANE CONCOURSE SUITE 219B BAY HARBOR ISLAND FL 33154
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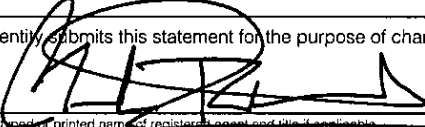


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0818696		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARCIA, CARLOS M				Name CLAUDIO D. REVERON			
1111 KANE CONCOURSE				Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE STE 219B			
#219B				BAY HARBOR ISLAND, FL			
BAY HARBOR ISLAND FL 33154				City FL		Zip Code 33154	

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.

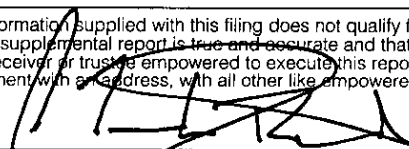
SIGNATURE  DATE **April 19 / 2001**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD	NAME GARCIA, CARLOS M	<input checked="" type="checkbox"/> Delete	TITLE P/M	NAME CLAUDIO D. REVERON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1111 KANE CONCOURSE, 219B	CITY-ST-ZIP BAY HARBOR ISLAND FL 33154		STREET ADDRESS 1111 KANE CONCOURSE, 219B	CITY-ST-ZIP BAY HARBOR ISLAND FL 33154	
TITLE VPTD	NAME REVERON, CLAUDIO D	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1111 KANE CONCOURSE, 219B	CITY-ST-ZIP BAY HARBOR ISLAND FL 33154		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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:  **CLAUDIO REVERON** DATE **4/19/01** DAYTIME PHONE # **3058670028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/0700)