FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000035683 1. Entity Name				FILED 02 NOV 20 AMII: 09 SECRETARY OF STATE FALLAHASSEE, FLORIDA							
						Principal Place of Business 3. Mailing Address			A Sept. of the Advanced models of the Sept. (Sept. Sept. of the Sept.	v.	
						101 N • E • 28th STREET SAME Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE
						City & St	aia	Cir. o Cont.			
MIAM		City & State		4. FEI Number 65-0862088	Applied For Not Applicable						
Ζίρ 33137	Country USA	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional						
33137				7. Name and Address of Current Registered	Fee Required						
			Name JOSE ME								
2	DO NOT W	- 1 3 350	Street Address	U-TA (P.O. Box Number is Not Acceptable)							
	IN THIS SP		101 N.E	. 28th STREET							
			City	FL	Zip Cade						
8. The abov	re named entity submits this statement for	the purpose of changing its		red agent, or both, in the State of Florida.	33137						
	L. Ru	Contraction of the party of the	raginaried office of regiate	red agent, or both, in the state of Fightas.							
SIGNATURE		nd title if applicable. (NOT)	f: Registered Agent signature required	11/18/2002 d when reinstating) DATE							
9. This core	poration is eligible to satisfy its Intangible		ay 1 Fee is \$150.00	****	•						
Tax filing	requirement and elects to do so.	After May Amended	1, Fee is \$550.00 I UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
11.	OFFICERS AND E		le to Department of Sta	to	2 82 1 9 1000 2 3 13 80 10 100 12						
THLE	PRESIDENT										
NAME. STREET ADDRESS	JOSE MEJIA 101 N.E. 28th STE	REET	NAMES STREET ADDRESS								
CHY-SI-ZIP	MTAMI, FL 33137		CITY-ST ZIPS								
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NAME STREET ADDRESS			S NAME TO SEE								
CITY-ST-ZIP			STREET ADDRESS								
			The second second second second section of the second seco	ction 119.07(3)(i), Florida Statutes. I further certi	water to be a did all the fill of						

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 attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2002

CR2E034B (12/01)

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.

Please be advise that we change our address since august 1999 therefore we did not receive the U.B.R. for the year, 2000, 2001, 2002, or any other notice from the Division of Corporations in respect with my Corporation **INNOVATIONS 3,000 INC.**

Thank you for your courtesy in this matter.

JOSE MEJIN