

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056019

1. Entity Name

INVERSIONES AKAL, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 006 ***150.00

Principal Place of Business

Mailing Address

~~9511 FOUNTAINBLUE BOULEVARD~~

~~9511 FOUNTAINBLUE BOULEVARD~~

~~#315~~

~~#315~~

~~MIAMI FL 33172~~

~~MIAMI FL 33172-6800~~

2. Principal Place of Business

3. Mailing Address

15846 SW 26 ST

15846 SW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FL

MIRAMAR, FL

Zip

Country

Zip

Country

33029

USA

33029

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ANA

9511 FOUNTAINBLUE BOULEVARD

#315

MIAMI FL 33172

Name

GONZALEZ, ANA

Street Address (P.O. Box Number is Not Acceptable)

15846 SW 26 ST

City

MIRAMAR

FL

Zip Code

33029

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ANA GONZALEZ
REGISTERED AGENT

03/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GONZALEZ, ANA
STREET ADDRESS 9511 FOUNTAINBLUE BOULEVARD
CITY-ST-ZIP MIAMI FL 33172

TITLE PD
NAME GONZALEZ, ANA
STREET ADDRESS 15846 SW 26 ST
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VD
NAME MIZRAHI, ISAAC
STREET ADDRESS 9511 FOUNTAINBLUE BOULEVARD
CITY-ST-ZIP MIAMI FL 33172

TITLE VD
NAME MIZRAHI, ISAAC
STREET ADDRESS 15846 SW 26 ST
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REGISTERED PRESIDENT

03/20/00 (305) 225-7104

CR20034 (9/99)