2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065637

1. Entity Name

IBEROAMERICANA "DE MEXICO IMPORT CORP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90147 002 ***150.00

				03-24-2000 90)14/002 11.	30.00
Principal Place of Business 8190 SW 148 Ct Miami, Fl, 33193		Mailing Address 8190 SW 148 Ct Miami, FI, 33193				
2. Principal P	lace of Business	3. Mailing Address		_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI.Number 65-0857061		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Regist	ered Agent -	
	•		Name	•		
CORONADO, RAMONA 7360 CORAL WAY SUITE 21		,	Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
				<u> </u>		
M	MIAMI, FL, 33155		City		FL Zip Code	e
8. The above	named entity submits this statement	for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE _			·····			
ä	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered Agent signature requ	ired when reinstating)	DATE	
Tax tiling re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY,1, 2	/III FEE 18 \$150.00 000 Fee will be \$550.0 ble to Department of S	・対象が経済を終え HUSE FUND CONTINUOUON.	T	May Be
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE	PSD	☐ Delete	TITLE		Change	Addition
NAME	GONZALEZ, ARMAI		NAME			
STREET ADDRESS	8190 SW 148 CT		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI, FLORIDA	_			☐ Change	Addition
TITLE		· . Delete	TITLE NAME		□ Change	
NAME STREET ADDRESS			STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP	••		
TITLE	a production of the state of th	Delete	TITLE		- Change	Addition-
NAME	-		NAME	•		
STREET ADDRESS	•		STREET ADDRESS		•	•
CITY-ST-ZIP			CITY-ST-ZIP			
INTE	•	☐ Delete	TITLE		☐ Change	Addition
NAME			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
		□ Delete	TITLE		☐ Change	Addition
TITLE NAME	•	C Deliae	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		•	CITY-ST-ZiP			
TITLE		☐ Delete	TITLE		Change	Addition
NÁME	•		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	A40 07(0)(1) 51 252 01-14-2 15-4	or cortify that the i	nformation
indicated	ertify that the information supplied w on this report or supplemental repor poration or the receiver or trustee err or on an attachment with appaddress	nowered to execute this repo	rt as required by Chapter	Section 119.07(3)(i), Florida Statutes. I furth ne same legal effect as if made under oath; 507, Florida Statutes; and that my name app	that I am an officer ears in Block 11 or	or director Block 12 if