

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90117 030 ***150.00

DOCUMENT # P98000080531

1. Entity Name
SUMINELCA INTERNATIONAL CORPORATION

Principal Place of Business 19272 N.W. 88TH PLACE HIALEAH FL 33018	Mailing Address 19272 N.W. 88TH PLACE HIALEAH FL 33018-6246
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 Crandon Blvd Suite, Apt. #, etc. Suite 421C City & State Key Biscayne, FL	3. Mailing Address 104 Crandon Blvd Suite, Apt. #, etc. Suite 421C City & State Key Biscayne, FL
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4. FEI Number 65-0862134	Applied For <input type="checkbox"/> Not Applicable
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Zip 33149	Country USA	Zip 33149	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
IGLESIAS, ADOLFO E
 19272 N.W. 88TH PLACE
 HIALEAH FL 33018

7. Name and Address of New Registered Agent
 Name
MARIO R PARDO
 Street Address (P.O. Box Number is Not Acceptable)
 104 Crandon Blvd Suite 421C
 City
 Key Biscayne FL Zip Code
 33149

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 *Mario R Pardo* **MARIO R PARDO** DATE **4/26/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	DP PATINO, ALEIDA S 19272 N.W. 88TH PLACE HIALEAH FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALEJANDRO VICUNA 104 Crandon Blvd Suite 421C Key Biscayne, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIO R PARDO 104 Crandon Blvd Suite 421C Key Biscayne, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICARDO OLIVARES 104 Crandon Blvd Suite 421C Key Biscayne, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aleida Patino* **ALEIDA PATINO** DATE **4/26/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)