

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90792 027 ***158.75

DOCUMENT # **P98000091089**
 1. Entity Name
VAITECH INTERNATIONAL INC CORP.

Principal Place of Business Mailing Address
6993 NW 82 AVE BAY 24 MIAMI, FL 33166 **6993 NW 82 AVE BAY 24 MIAMI, FL 33166**

A0068398

2. Principal Place of Business **6993 NW 82 AVE BAY 24 MIAMI, FL 33166**
 3. Mailing Address **6993 NW BAY 24 MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL**
 Zip **33166** Country **USA** Zip **33166** Country **USA**

4. FEI Number **65-0874028** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A
3440 HOLLYWOOD BLVD SUITE 360
MIAMI, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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. (See criteria on back)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD VAIRIO CLAUDIO 6995 NW 82 AVE BAY 42 MIAMI FL 33166	
TD VAIRIO, EMILIO 6995 NW 82 AVE BAY 42 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete
USD ARRESE 1608, MARTIN 6995 NW 82 AVE BAY 42 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD VAIRIO CLAUDIO 6993 NW 82 AVE BAY 24 MIAMI FL 33166	
TD VAIRIO EMILIO 6993 NW 82 AVE BAY 24 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
USD ARRESE 1608 MARTIN 6993 NW 82 AVE BAY 24 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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: **MARTIN ARRESE 1608** 4/27/01 305-412-7332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)