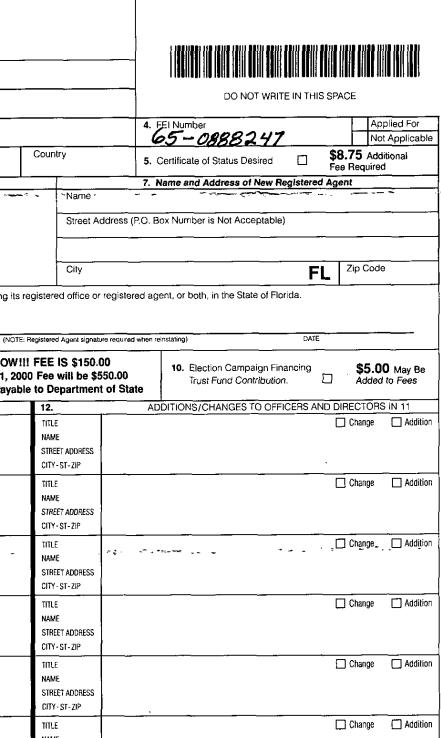
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900002639 GIBRALTAR FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business 6821 S.W. 125 TERR. 6821 S.W. 125 TERR. MIAMI FL 33156-6244 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Zip Country Country 6. Name and Address of Current Registered Agent Name ARIAS, ANTONIO M Street Address (P.O. Box Number is Not Acceptable) 6821 S.W. 125 TERR. MIAMI FL 33156 City 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

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90217 002 ***150.00



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.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

9. This corporation is eligible to satisfy its intangible

ARIAS, ANTONIO M

MIAMI FL 33156

MIAMI FL 33156

VPD

6821 S.W. 125 TERR.

ARIAS, MARCELLA H

6821 S.W. 125 TERR.

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIF

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CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR