FOR PROFIT CORPORATION

FILED Aug 11, 2003 8:00 am Secretary of State 08-11-2003 90286 010 ***150.00

1. Entity Nam	MENT # P990000172			08-11-2003 9	9280 010	130.00
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2495 W 80 STREET 3. Mailing Address SAME						
Suite, Apt. #, etc. Suite, Apt. #, etc. BAY #5			DO NOT WRITE IN THIS SPACE			
City & Stat		City & State		4. FEI Number 65-0905293		Applied For Not Applicable
Zip - FL -	Country - 33016	Zip	Country	5. Certificate of Status Desired		5 Additional equired
To Name and Address of Current Registered Agent Name ESQUIVEL, GIOVANNY Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2495 W 80 STREET, BAY #5						
			City HIALE	AH	FL 33	p Code 3016
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. I am familiar with, and accept the obligations of registered agent agent. ESQUIVEL, GIOVANNY O7/21/03 Signature To Describe agent and told if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						
10.	€ OFFICERS AND I	DIRECTORS				
HTLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESQUIVEL, GIOVANNY 2495 W 80 ST. #5, HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP		i e	
TITLE NAME STREET AGORESS CHY-ST-ZIP TITLE			TITLE : NAME STREET ADDRESS CHY-SI-ZIP TITLE			
NAME STREET ADDRESS CHY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TILE NAME STREET ADDRESS CITY_ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	TITLE NAME STHEET ADDRESS CITY-ST-ZIP			
12. 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 oalh; 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 10 or on an attachment with an address, with all other life empowered.						

ESQUIVEL, GIOVANNY

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

07/21/03

Date

(305) 556-5905

Daytime Phone #

All a Chment

IVAN-RAN CORP.

2495 W 80th STREET, BAY #5 HIALEAH, FL 33016

Tel: (305) 556-5905 Fax: (305) 556-2905

- July 21, 2003

FLORIDA DEPARTMENT OF STATE UNIFORM BUSINESS REPORTS PO BOX 1500

Ref:

P99000017212 IVAN-RAN CORP.

TALLAHASSEE, FL 32302-1500

Dear Sirs,

We respectfully request that the penalty for late filing of this year's UBR be waived since we did not receive the original UBR form. We are filing on a form downloaded from your internet site.

Sincerely,

Giovanny Esquivel

President

Enclosures