

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90566 045 ***150.00

DOCUMENT # P99000024701

1. Entity Name
ACINAR CORP.

Principal Place of Business 1921 SW 90 AVE. MIAMI FL 33165	Mailing Address 1921 SW 90 AVE. MIAMI FL 33165-8245
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2. Principal Place of Business 1350 EAST MAW STREET	3. Mailing Address 1350 EAST MAW STREET
Suite, Apt. #, etc. SUITE A-2	Suite, Apt. #, etc. SUITE A-2

City & State BARTON, FLORIDA	City & State BARTON, FLORIDA
Zip 33830	Zip 33830
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALTOS, CHRISTINE
1032 OBISPO AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **SERGIO B. SEDANE**
 Street Address (P.O. Box Number is Not Acceptable)
4935 IRONWOOD TRAIL
 City **BARTON, FL** Zip Code **33830**

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 *Sergio B. Sedane* **SERGIO B. SEDANE PRESIDENT** 4/27/00
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.
(See criteria on back)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SEANE, SERGIO B 7588 WARNER AVE. ST. LOUIS MO 63117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 P/D SERGIO B. SEDANE 4935 IRONWOOD TRAIL BARTON, FLORIDA 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Sergio B. Sedane* **SERGIO B. SEDANE, PRESIDENT** 4/27/00 (863) 519-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)