2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE TALEAHARSEE. FLORIDA

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DOCUMENT #	P99000024914	
1. Entity Name		
LENN	OX CONSULTING, CORP.	

Mailing Address

Principal Place of Business

Suite Apt 4, etc. Suite Apt 5 State		7951 S.W. 40th ST MIAMI, FL 33155							
City & State City & State City & State Country Country Country Country Country Country Country See Certificate of Status Desired Registered Agent Name OSVALDO J. DIAZ 7951 S.W. 40th ST. MIAMI, FL 33155 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 Security its intemptible in satisfy its intemptible	2. Principal Place of Business		3. Mailing Address						
Not Applicable St. 75 Additional St. 75	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent OSVALDO J, DIAZ 7951 S.W. 40th ST. MIAMI, PL 33155 City FL Zip Code City	City & State		City & State		4. FEI Number				
OSVALDO J. DIAZ 7951 S. W. 40th ST. MIAMI, FL 33155 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 Spaller, Nikeling from or minumes agree to use of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Spaller, Nikeling from or minumes agree to use of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Spaller, Nikeling registered of solidally its intemplate. 9. This corporation is eligible to safety its intemplate. 7. After MAN 3: 2000 Flag will be \$550.00. 7. After MAN 3: 2000 Flag will be \$550.00. 7. After MAN 3: 2000 Flag will be \$550.00. 7. After MAN 3: 2000 Flag will be \$550.00. 7. ABOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE 8. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MAN STREET ADDITIONS TO THE MAN STREET ADDITIONS T	Zip	Country	Zip	Country	5. Certificate of Status Desired		ional		
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ATTACHED BY STREET ADDRESS CITY-ST-2P MIAMI, FL 33155 City FL Zip Code City FL Zi			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
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									
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TITLE	9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution After MAY 1, 2000 Fee will be \$550.00								
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		ertify that the information complied with	n this filing does not qualify for		t in Section 119 07/3Vi) Florida Statutas Further	r certify that the inf	formation		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENNOX CONSULTING CORP. DOC.#P99000024914

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY CARLOS R. IBANEZ P/V/S/T/D