

10-05-2000 14:07

From-THE FUND LEON

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T-606 P.002/003 F-215

DOCUMENT # P99000029650

1. Entity Name

MDB INTERNATIONAL, INC.

APPROVED AND FILED

00 OCT -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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-11/07/00--D1066--010

****758.75 ****758.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1025 S. Semoran Blvd., Ste 1093 (SAME)
Winter Park, FL 32792

2. Principal Place of Business 3. Mailing Address
201 N. U.S. Hwy #1 (SAME)
Suite, Apt. #, etc. Suite, Apt. #, etc.

D-9 City & State City & State
Jupiter, FL 33477

Zip Country Zip Country

4. FEI Number Applied For
65-0962810 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Simon R. Urdaneta
1025 S. Semoran Blvd., #1093
Winter Park, FL 32792

7. Name and Address of New Registered Agent
Name James A. Cioffi, Esq.
Street Address (P.O. Box Number is Not Acceptable)
250 Tequesta Dr., Ste 200
City Tequesta FL Zip Code 33469

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 *James A. Cioffi* DATE 10/6/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Dir. Manfredo G. Bussek 201 N. U.S. Hwy #1, #D-9 Jupiter, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2000

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10/6/00 561-743-0801