FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -3 PM 3:39

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							TALEAHASSEE, FLORTDA					
2	RIGOBERTO R	SCURPO	Open	,								
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Principal Pla	ce of Business	Mailing Address		cL (c 4	ادوا						
1000	105 # dw2 t21 WZ	1800 3	_ • •		Juil #		16					
Migmi, The 33135 Minmi, The 33135								DO NOT WR	TE IN THE	S SPACE	···	
							Date Incorporat	ed or Qualifed	1.000			
,	,							04 30	1999	 		
2. Principal f	Place of Business	2a. Mailing Addre	:SS			4.	FEI Number	0172	350	├ ─-	Applied For Not Applicab	
·-!		26	-1-				65-	371 / 6	- -		Additional	
Suite, Apt. #, etc.						5.	Certificate of Sta	itus Desired			Required	
City & State City & State					-	6.	Election Campa	ian Financing		\$5.0	D May Be	
City & State							Trust Fund Con	_		Added	to Fees	
Zip	Country	Zip	Č	Country		8.	This corporation	owes the curr	ent year In	itangible		
ت طاح	25	29	30				Personal Proper			Yes	□ No	
	9. Name and Address of Current	Registered Agent				10.	Name and Add	ress of New F	legistered	Agent		
Đ	EGNERO RIGOB	ERTO		81	Name							
· · · · · · · · · · · · · · · · · · ·	2.0.40 RG RG RG RG	Δ		82	Street Add	idress (P.	O:Box Number	is Not Accepta	ıble)	<u> </u>		
	420 SW 49	- O 4		83			 			<u></u>		
6	Miami, The 33	134		63			·					
	in leading,			84	City				FL	_ 85 Zip	Code	
	to the provisions of Sections 607.0502	and 607 1508 Florid	a Statutes, the	above-	named cor	rporation	submits this sta	tement for the	purpose o	f changing if	s registered	
					he corporat	ation's boa	ard of directors.	I hereby accer	of the appo	intment as r	egistered	
agent. I a	registered agent, or both, in the clate of the miliar with, and accept the obligation	ons of, Section 607.0	505, Florida St	tatutes.	•	i .	r					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ned Agent	signature requir	ired when rei	instating)		DATE			
12.	OFFICERS AND	DIRECTORS	1:	3.		A	DDITIONS/CHA	NGES TO OF	FICERS A			
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14. 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 annual report or supplied annual 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 of the legal ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS