2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000041165 1. Engly Name FILED AMECA CORP. OI APR 30 PM 12: 30 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA AMECA CORP. 2759 SW 34th AVE MIAMI, FL 33133 . Principal Place of Business 3. Mailing Address <u>2759 SW 34th AVE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FL 65-0920392 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARA N FIGUEROA Street Address (P.O. Box Number is Not Acceptable) 2759 SW 34th AVE MIAMI, FL 33133 City Zip Code . 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. **3IGNATURE** ICUEROA : FILE NOW!!! FEE IS!\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 HILE ☐ Delete ☐ Addition NAME: PD CLARA N FIGUEROA 2759 SW 34th AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 JITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition IILÈ IAME NAME 100004194981--8 STREET ADDRESS STREET ADDRESS -05/11/01~-01019--007 DITY-ST-ZIP CITY-ST-ZIP ****150.00□ c高表**15以6450 ☐ Delete TITLE THE NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CJTY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition IAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-SI-ZIP îITLE ☐ Delete TITLE ☐ Addition JAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I. 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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CLARA N FIGUEROA

04/27/01

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