

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 019 ***550.00

DOCUMENT # P99000044191

1. Entity Name
AVIO EXPRESS INT'L IV, INC.

Principal Place of Business Mailing Address
4110 SAPHIRE TERRACE 4110 SAPHIRE TERRACE
WESTON FL 33331 WESTON FL 33331-3152

2. Principal Place of Business 3. Mailing Address
1208 North State Rd 7 48 Chestnut Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Hollywood FL Cooper City, FL
 City & State City & State

Zip Country Zip Country
33021 Broward 33026 Broward

4. FEI Number Applied For
65-0924488 Not Applicable

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

6. Name and Address of Current Registered Agent
CASTRO, SANDRA MILENA
4110 SAPHIRE TERRACE
WESTON FL 33331

7. Name and Address of New Registered Agent
 Name **LETICIA ARROYO**
 Street Address (P.O. Box Number is Not Acceptable) **48 CHESTNUT CIRCLE**
Cooper City FL
 City **FL** Zip Code **33026**

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 *Leticia Arroyo* **LETICIA ARROYO** DATE **4-28-2000**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	VD CASTRO, SANDRA MILENA 4110 SAPHIRE TERRACE WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRO, ALEJANDRA 4110 SAPHIRE TERRACE WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, JAVIER ANDRES 4110 SAPHIRE TERRACE WESTON FL 33331 <input checked="" 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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARROYO, LETICIA 1208 n st rd 7 hollywood fl 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARROYO LEO 1208 N. STATE RD 7 Hollywood FL 33021
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *[Signature]* DATE **4-28-00** DAYTIME PHONE # **914-9617677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)