

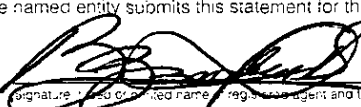
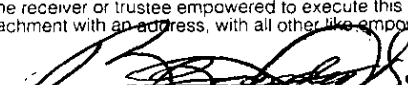
**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000062345**

1. Entity Name

**CORPERUSA INC****FILED****Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90034 021 \*\*\*550.00

**80102108**

Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>8342 SW 8 STREET</b>		3. Mailing Address <b>8342 SW 8 STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI - FL</b>		City & State <b>MIAMI - FL</b>	
Zip <b>33144</b>	Country <b>USA</b>	Zip <b>33144</b>	Country <b>USA</b>
4. FEI Number <b>65-0933438</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <b>RODOLFO BARANDIARAN</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>8342 SW 8 STREET</b>	
		City <b>MIAMI - FL</b>	
		Zip Code <b>33144</b>	
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 		DATE <b>5/24/00</b>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<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
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: 		DATE <b>5/24/00</b>	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RODOLFO BARANDIARAN</b>		Daytime Phone # <b>(305) 892-2400</b>	