

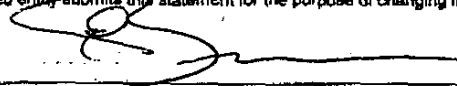
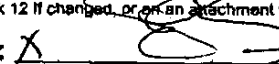
2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P990000760860			
1. Entity Name NiVA Investments Corporation			
Principal Place of Business		Mailing Address	
		7925 NW 12th St #318 Miami, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Eduardo Barroso 2942 Bird Avenue Miami, FL 33133		Name EDUARDO BARROSO Street Address (P.O. Box Number is Not Acceptable) 8860 SW 118 ST City MIAMI, FL Zip Code 33176	
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 5/3/01	
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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	Resident	<input type="checkbox"/> Delete	
NAME	Eduardo Barroso		
STREET ADDRESS	2942 Bird Avenue		
CITY - ST - ZIP	Miami, FL 33133		
TITLE	Sec/Treasurer	<input type="checkbox"/> Delete	
NAME	Mercy Proddiffe		
STREET ADDRESS	2942 Bird Avenue		
CITY - ST - ZIP	Miami, FL 33133		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	8860 SW 118 ST		
CITY - ST - ZIP	MIAMI, FL 33176		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	8860 SW 118 ST		
CITY - ST - ZIP	MIAMI, FL		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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 807, 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: 5/3/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		305 5967878	
		Daytime Phone #	

CR2E034 (1/00)