

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079701

1. Entity Name
O&C AMERICAN, CORP.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90056 015 ***150.00

Principal Place of Business 1615 WEST AVENUE #302 MIAMI BEACH FL 33139	Mailing Address 1615 WEST AVENUE #302 MIAMI BEACH FL 33139
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 415342 Suite, Apt. #, etc.
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City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33141	Country MEAMI DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0947231	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

DE LUIZ, ORLANDO
1615 WEST AVENUE #302
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
THE WALL MANAGEMENT, CORP
Street Address (P.O. Box Number is Not Acceptable)
220-71 STREET, SUITE 207
City
MIAMI BEACH FL Zip Code
33141

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 CELSO DE FREITAS (President) DATE 04.23.01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <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	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT DE LUIZ, ORLANDO 1615 WEST AVENUE #302 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT JOSE R. SANTOS 1615 WEST AV. 204 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE R. SANTOS 1615 WEST AV. 204 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4-16-01 305 538-9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)