2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: GOSTAND FUELLTES X SIGNATURE AND TYPED OR PRINTED NAME

DOCUMENT # P9900080092 1. Entity Name ASA INVESTMENTS GROUP, CORP.					Jan 20, 2001 8:00 am Secretary of State 01-20-2001 90090 023 ***150.00				
Principal Plac 8506 N.W. 61 S MIAMI FL 3316	STREET	Mailing Address 8506 N.W. 61 STREET MIAMI FL 33166							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		_
City & State		City & State			4. FEI Number	65-0994684		plied For]
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Ada		
	6. Name and Address of Current F	 Registered Agent			7. Name and	Address of New Registe		<u> </u>	ł
5720	NTES, GUSTAVO NW 100 CT. VII FL 33178			FUEA eet Address (668 N	1M 1013	r is Not Acceptable)	FL Zip Code	178	
SIGNATURE . 9. This corporate filling in	Signature, typed or miled name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NOTE	Registered Agent !! FEE IS \$	signature required	when reinstating)			0 May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/0	CHANGES TO OFFICERS	AND DIRECTORS	3 (N 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, GUSTAVO 5720 NW 100 CT- MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS 466	tes 69511 3 MW 103	د٢	⊠ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE CASSAN, FRED 5720 NW 100 CT. MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS 444	LASSA-1, TO NW 102	ave # 207	⊠. Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANEZ, JORGE 5720 NW 100 CT. MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDE	5D BAE3 4001	E, JORGE B HW 1036	ı	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS	TD GARCIA, RAFAEL 5720 NW 100 CT.	☐ Delete	TITLE NAME - STREET ADDR	TD C1AF	kcia, RAFA	r=	⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDR		41, FL 331 ¹	18	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS			☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that me wered to execute this report.	ny signature st	all have the s	same legal effect	as if made under oath; t	hat I am an officer	or director	