2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085106

U.S.A.

16300 NE 19TH AVENUE SUITE 100 NORTH MIAMI BEACH FL 33162

9. This corporation is eligible to satisfy its Intangible

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

33*0*21

SIGNATURE

SILVA, FERNANDO

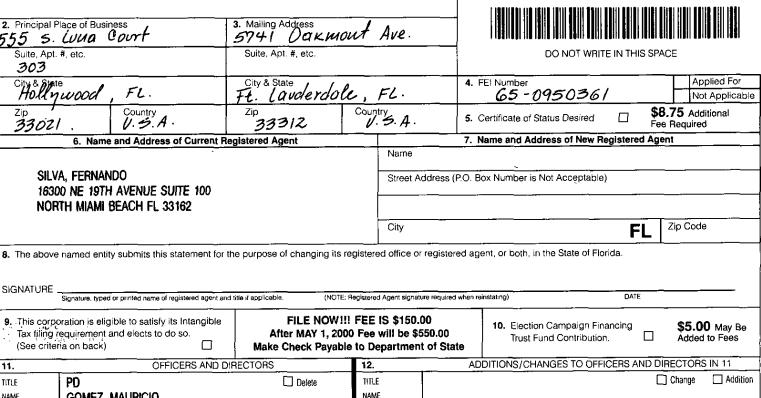
MIAOH & GB CORPORATION

Principal Place of Business Mailing Address 555 \$ LUNA COURT SUITE 303 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-7565 2. Principal Place of Business 3. Mailing Address s. Luua Court 5741 Dakmout Suite, Apt. #, etc. Suite, Apt. #, etc. 303 City & State Hollywood City & State Lauderdole

33312

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90089 048 ***150.00



Tax filling requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund Contribution. Added to Fees		
11. OFFICERS AND DIRECTORS		12.	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, MAURICIO 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, ARMANDO 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, HUGO 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE GOMEZ, HILDA B 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ISABEL 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, OLGA 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

Country J. A.

Name

City

FILE NOW!!! FEE IS \$150.00

13. I hereby certify that the information supplied with this filling 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 sociarate 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 additional properties of the compowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)