

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106336

Entity Name
VEPACO INTERNATIONAL, INC.

FILED

00 SEP 27 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
BRICKELL AVENUE
FLOOR
FL 33131

Mailing Address
1200 BRICKELL AVENUE
19TH FLOOR
MIAMI FL 33131

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE
04/07/00 90048 007 150

4. FEI Number N.A.	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 attached list of names and addresses, for all other like empowered

SIGNATURE: Fernando Fraiz-Trapote 3/25/00 305-789-8909

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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

2000 UNIFORM BUSINESS REPORT

FILE NOW!

Report Due by May 1, 2000



FIRST NOTICE:

It is the responsibility of each business entity to ensure that this report is received and filed by the Department of State on or before May 1, 2000. ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

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BAKER & MCKENZIE

ATTORNEYS AT LAW

1200 BRICKELL AVENUE
19TH FLOOR
MIAMI, FLORIDA 33131
TELEPHONE (305) 789-8900
FACSIMILE (305) 789-8953

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MIDDLE EAST**

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BERLIN MUNICH
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WASHINGTON, D.C.

CHARLES LEA HUME
lea.hume@bakernet.com
(305) 789-8909

September 25, 2000

VIA CERTIFIED MAIL

Division of Corporations
Reinstatement Department
Attention: Christen Eckel
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Vepaco International, Inc. Annual Report

Dear Ms. Eckel:

As we advised, we have never received the returned original of the referenced annual report. Therefore, I am enclosing a copy of the report with the requested address.

Please let me know, once received, if the report has been accepted. You may contact me at (305) 789-8909.

Sincerely,



Charles Lea Hume

CLH/mf
Enc.