2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000108060 FORJARTE INTERNATIONAL, INC. Principal Place of Business Mailing Address 8705 SW 129TH TERRACE 10030 HAITIAN DRIVE MIAMI FL 33176 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name ANTULICH, JEANNINTH 10030 HAITIAN DRIVE **MIAMI FL 33189**

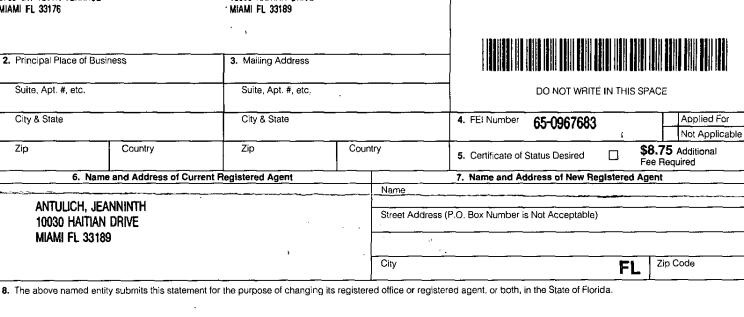
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90200 040 ***150.00



10. Election Campaign Financing

Trust Fund Contribution.

			A DESCRIPTION OF THE PROPERTY
11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD Delete	TITLE	☐ Change ☐ Addition
NAME	AQUINO-REYNOSO, RAUL F	NAME	
STREET ADDRESS	CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT	STREET ADDRESS	
CITY-ST-ZIP	YUCATAN, MEXICO	CITY-ST-ZIP	
TITLE	VP Delete	TITLE	☐ Change ☐ Addition
NAME	REYNOSO, SONIA MABEL	NAME	
STREET ADDRESS	PUNTA SOLIMAN NO. 34 SUPERMANZANA 24	STREET ADDRESS	
CITY-ST-ZIP	CANCUN, MEXICO	CITY-ST-ZIP	
TITLE	SD Delete	TITLE	ChangeAddition
NAME	ANTULICH, JEANINTH	NAME	
STREET ADDRESS	10030 HAITIAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
TITLE	TD Delete	TITLE	Change Addition
NAME	AQUINO, YULY BECERRA	NAME	
STREET ADDRESS	CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT	STREET ADDRESS	'
CITY-ST-ZIP	YUCATAN, MEXICO	CITY-ST-ZIP	
TITLE	D Delete	TITLE	☐ Change ☐ Addition
NAME	DE LEON, RAUL AQUINO	NAME	
STREET ADDRESS	CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT	STREET ADDRESS	
CITY-ST-ZIP	YUCATAN, MEXICO	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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 the 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 inpowered to execute this report a 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 rice empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 17

SIGNATURE

(See criteria on back)

\$5.00 May Be

Added to Fees