

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90016 016 ***150.00

DOCUMENT # **564471**

1. Entity Name
GRUPO INBIENES, INC.

Principal Place of Business
8500 BISCAYNE BLVD
MIAMI, FL 33138
USA

Mailing Address
8500 BISCAYNE BLVD
MIAMI, FL 33138
USA

80042885

2. Principal Place of Business
8500 BISCAYNE BLVD
 Suite, Apt. #, etc.
 City & State
MIAMI, FL
 Zip
33138 Country
U.S.A.

3. Mailing Address
8500 BISCAYNE BLVD
 Suite, Apt. #, etc.
 City & State
MIAMI, FL
 Zip
33138 Country
USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0287425 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JAKOWITZ, ALAN
1111 KANE CONCOURSE
STE 401
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent
 Name
THOMAS R. HERRERA
 Street Address (P.O. Box Number is Not Acceptable)
17974 SW 33 RD COURT
 City
MIRAMAR FL Zip Code
33029-1636

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 Thomas Herrera (NOTE: Registered Agent signature required when reinstating)
 DATE **3/12/00**

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 \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORCIA, JOSET 8500 BISCAYNE BLVD MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DETUZMAN, ALIA C 8500 BISCAYNE BLVD	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Alia C Detuzman VP **3/12/00** **954-442-3293**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)