

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90625 049 ***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

553102

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FFR Number
65-0287425

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THOMAS R. HERRERA
17974 SW 31300 COURT
MIAMI, FL 33029
33029

7. Name and Address of New Registered Agent
 Name THOMAS R. HERRERA
 Street Address (P.O. Box Numbers Not Acceptable)
1250 E. HALLANDALE BEACH BLVD
#1004
 City HALLANDALE FL Zip Code 33009

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 R. Herrera DATE 04/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME	<u>PD CORCIA, JOSE T</u>	<input type="checkbox"/> Delete
STREET ADDRESS	<u>8500 BISCAYNE BLVD</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33138</u>	
TITLE NAME	<u>SD DETRUZMAN, ALIA C</u>	<input type="checkbox"/> Delete
STREET ADDRESS	<u>8500 BISCAYNE BLVD</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33138</u>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: JOSET CORCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/27/01 Daytime Phone # 954-457-0970

CR2E034 (1/1/00)