

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80781

1. Entity Name
 DEMAR EXPORT, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 13 PM 1:47

Principal Place of Business Mailing Address
 9601 Collins Ave.
 Unit TS-1
 Bal Harbour, Fl. 33154

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 9601 Collins Ave.
 Suite, Apt. #, etc. UNIT TS-1
 City & State Bal Harbour, Fl. City & State
 33154 Country U.S.A. Zip Country

4. FEI Number NOT APPLICABLE X Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCINTO, LEONARDO A
 9601 Collins Ave.
 Unit TS-1
 Bal Harbour, Fl. 33154

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

11/22/2000

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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	STREET ADDRESS	CITY-ST-ZIP	Delete
DPST	SCINTO, LEONARDO A.	10101 Collins Ave. #10 E	Bal Harbour, Fl.	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
DPST	SCINTO, LEONARDO A.	9601 Collins Ave. Unit TS-1	Bal Harbour, Fl. 33154	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 provided 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: *[Signature]*

LEONARDO A. SCINTO PRESDT

Date Nov 22 2000 (305) 8645153