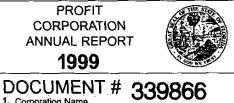
DEDEDA ENTEDDDIGEG INC

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

May 06, 1999 8:00 am Secretary of State

05-06-1999 90164 033 ***150.00

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Principal Place	of Business	Mailing	Address					1	t imbibit tilde livis	(8191 (8118 8	icelft many deftit f		it Asam asam naan
26 NW 24 CT.			3400 CORAL WAY					}					
MIAMI FL 3312	5	SUITE 60	SUITE 600 MIAMI FL 33145-3053						DO	NOT WR	TE IN THIS	SPACE	
		•							te Incorporated o	r Qualifed			
<u> </u>		1 0 - 14 10							1/08/1969				
-	lace of Business	<u> </u>	ng Address					1	Number			<u> </u>	Applied For
21		26	A=4 44 -4=					35	3-1230305				Not Applicable Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Ce	rtifcate of Status	Desired		7	Required
City & State	9	City	City & State					6. Ele	ection Campaign	Financing		\$5.0	May Be
23		28						Tr	ust Fund Contribu	ition		Added	to Fees
Zip	Country	Zip					8. Th	is corporation ow	es the cur	rent year Int		_	
24	25	29		30				 _	rsonal Property T			Yes	□No
	9. Name and Address of Curr	rent Registered	Agent		ļ.,			10. Na	me and Addres	s of New I	Registered	Agent	
050	TOA JONAFI				81	Name	,						l
PERERA, ISMAEL					82	Street	Addres	ss (P.O.	Box Number is N	lot Accepta	able)		
3400 CORAL WAY					02 Street Add								
	E 600						_			<u>-</u>			
MAIM	MI FL 33145-3053				84	011.						Top T Zie	Code
					04	City					FL	85 Zip	1,000
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Su	ch change was a	utnorize	qpA,	the corp	corpor coration	ration su n's board	ibmits this statem of directors. I he	ent for the reby acce	purpose of pt the appoi	changing introduced introduced in the change in the change in the change in the change in the changing in the	ts registered registered
SIGNATURE											_		
	Signature, typed or printed name of registered				1 Agen	t signature	required v	when reinst			DATE		
12.		AND DIRECTOR		13.				ADE	DITIONS/CHANG	ES TO OF	FICERS AN		
TITLE	PDT		☐ DELETE	1.1 Ti								Change	Addition
NAME	PERERA,ISMAEL			1.2 N	AME		İ						
STREET ADDRESS	26 NW 24TH COURT			1.3 5	TREET	ADDRESS	3						
CITY-ST-ZIP	MIAMI FL 33125				1.4 CITY-ST-ZIP						<u> </u>		
TITLE	VDS		☐ DELETE	2.1 71	TLE							Change	Addition
NAME	PERERA. ADA B.			2.2 N	AME								J
STREET ADDRESS	26 NW 24TH COURT			2.3 \$	TREET	ADDRESS	}						Ì
CITY-ST-ZIP	MIAMI FL 33125			2.40	TY-\$	T-ZIP	↓						
TITLE			☐ DELETE	3,1 Ti	TLE							☐ Change	Addition
NAME				3.2 N	AME								Ì
STREET ADDRESS				3.3 S	TREET	ADDRESS	3])
CITY-ST-ZIP			——————————————————————————————————————	-	ITY-S	T-ZIP	↓ —						- 1 A 1 101-
TITLE			☐ DEFELE	4.1 TI								Change	Addition
NAME				4.2N	IAME								
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CITY-ST-ZIP				4.4 C	TY-ST	-ZiP	Ļ						
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NAME				5.2 N									Į
STREET ADDRESS						ADDRESS	}						ſ
CITY-ST-ZIP					TY-ST	T-ZIP	<u> </u>						
TITLE			☐ DELETE	6.1 TI								☐ Change	e
NAME				6.2 N	AME								
STREET ADDRESS				6.3 S	TREET	ADDRESS							1
CITY-ST-ZIP				6.4 CI	ITY-ST	-ZIP						_	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: