FILED Jun 02, 2003 8:00 am

Daytime Phone #

DOCU 1. Entity Nar TRINITY E						ry 0 90275 00:	I Sta ***211									
Principal Place of Business 464 N E 16TH ST				Mailing Address 464 N E 16TH ST								5	:045	36e-	•	
MIAMI FL 33132-1220 US				MIAM) FL 33132-1220 US					55045266							
2. Principal Place of Business				3. Mailing Address					 							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & State				City & State					4. FEI I	Number	59- 083	8103			Applied For Not Applica	_
Zip				Zip	ده میکولیکند. پ	Cou	Country -			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
<u></u> ≥4 .	6. Name ar	d Address of C	urrent Re	egistered	Agent				7. Nam	e and Ad	idress o	1 New R	legistere	d Agent		
	.um, donald 16th Street	er Service		Name Street A	Street Address (P.O. Box Number is Not Acceptable)											
MIAMI FL											 -					
			÷			ļ	City						F	Zip Ç	ode	
	named entity states		ment for ti	he purpos	e of changing its	s registere	d office o	r registere	ed agent.	or both, i	n the Sta	ate of Flo	orida. I ar	n familiar wit	h, and acce	pι
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE																
<u> </u>	mpaign F Contributi	nancing		\$5.00 i Added to	May Be Fees		Florid	ia Depa	ck Payablertment of	State						
10.	IPD	OFFICERS A	ND DIRE	CTORS		11.	·	A	ADDITION	S/CHANG	GES TO	OFFICE	RS AND E	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRICKBAUM, 464 N.E. 16T MIAMI FL		D		☐ Delete							į		Change	∈	S S S CR2E037 (10/02)
TITLE	SWVP PARDON, MR	S. SHIRELY			X Delete	TITLE		Phil	lip C	onso	lo	Sr.	VP 1	Change	Additi	SRZE S
STREET ADDRESS CITY-ST-ZIP	5724 NORTH MIAMITFL 331		OR.		_	•	ET ADDRESS ST-ZIP		lO Du ni La		-					
TITLE	T				X Delete	-nile								☐ Change	Additi	on "
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, MR-1 230 NE 94 S MIAMI FL 331	ſ.		-			T ADDRESS ST-ZIP	13053	ora S⊓ut	nge	Stre	eet				
TITLE NAME	VD ROBERTS, PI			;	X XI Delete	TITLE		Rhet	t Do	ve \	/ice	Pre	es. D	☐ Change	X X Additi	on
STREET ADDRESS CITY-ST-ZIP	2130 SW 22 MIAMI FL 331	Terr				STREE	T ADDRESS ST-ZIP	i	Box		23					
TITLE NAME	S HOLMES, MR		D		☐ Delete	TITLE	-		14 -1 -		4 4	:		Change	Addition Addition	on .
STREET ADDRESS CITY-ST-ZIP	1010 NE 81 9 MIAMI FL 331				.	CITY.	T ADDRESS St: Zip	<u>, </u>		nng	,					
TITLE NAME					☐ Delete	TITLE NAME]							Change	Addition	n n
STREET ADDRESS CITY-ST-ZIP			-	;			T ADDRESS St-zip		· · · · · ·							
12. I hereby of indicated of the cor changed,	certify that the int on this report or poration or the re , or on an attach	ormation supplie supplemental eceiver or truste meet with an acc	port is tru empowe Iress, with	ed to exe all other I	es not qualify for curate and that re- cute this report like empowered.	ny signatu as require	ire shall hi id by Cha	ave the sa pter 617, l	ame legal Florida St	effect as atutes; an	if made nd that m	under o: ly name	ath; that I appears	ertify that the am an office in Block 10 c	information of or director or Block 11 if	

BOTTALIDA W. Krickbaum