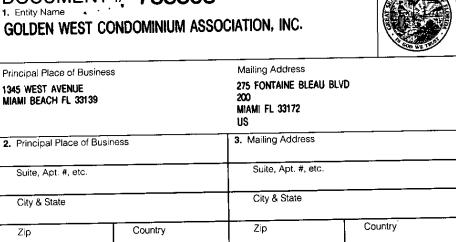
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735308



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90192 010 ****61.25

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CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 59-1746371 Not Applicable

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent ALVAREZ. NESTOR 3971 S.W. 8 ST. #209

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

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CITY-ST-ZIP

SIGNATURE:

CORAL GABLES FL 33134

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

Signature, typed or printed name of registered agent and title if applicable. _ _____. (NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. CR2E037 (10/02) ☐ Addition Change TITLE PD ☐ Delete TITLE NAME HADOS, NICHOLAS NAME STREET ADDRESS 1345 WEST AVENUE #1003 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-7(P ☐ Addition ☐ Change ☐ Delete TITLE BAGDASIAN, JOHN NAME STREET ADDRESS 1345 WEST AVENUE #PH STREET ADDRESS 4 CITY-ST-ZIP MIAMI BEACH FL 33139. CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME KIRKLAND, CORRINE NAME STREET ADDRESS 1345 WEST AVENUE #701 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME ARGOS, BENITA NAME STREET ADDRESS 1345 WEST AVENUE #304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition □ Change ☐ Delete TITLE TITLE NAME CHUPKA, DALE NAME STREET ADDRESS 1345 WEST AVENUE #601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME GRAYSON, PAULA NAME STREET ADDRESS 1345 WEST AVENUE #402 STREET ADDRESS CITY-ST-ZIP

MIAMI BEACH FL 33139 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attantiment with an address, with all other like empowered.

REQUIRED MICHOLAS HADOS 1-21-03 305 \$32-6009