|  | PLEASE REA   | AD ALL INST  | RUCTIC   | NO REL                             | ORE C                           | OMPLETII  | NG ITIS F                                 | UKIVI.                |  |  |
|--|--|--|--|------------------------------------|---------------------------------|---|---|-----------------------|--|--|
|  | PORATION<br>STATEMENT  |  | LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |                                    |                                 | FILED<br>01 oct -8 PM 12: 39                              |   |                       |  |  |
| DOCU   | JMENT # 741  | 409  | •  |                                    |                                 |   | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA |                       |  |  |
|  | MAN  | GO HILL CO<br>S. UNC                                 | NDOMINI  | UM ASSOC                           | 11ation                         |   |   |                       |  |  |
| 2. Principa                                      | I Office Address   | _  | 3. Mailing Office Address AMERICA MGNT & REALTY INC.                                       |                                    |                                 |   |   |                       |  |  |
| Suite, Apt. #                                    | , etc.   | i '  | Suite, Apt. #, etc2011 West 62 Street  |                                    |                                 |   | orated or Qualified                       | 01/20/19              | 78   |  |
| City & State                                     |  | City & State<br>Hiale                                | City & State  Hialeah, Fl.   |                                    |                                 | To Do Business in Florida 01/20/1978 <b>5.</b> FEI Number |   |                       |  |  |
| Zip  | Country  | Zip<br>33016   |  | Country<br>DADE                    |                                 | 6.<br>CERTIFICATE   | OF STATUS DESIRE                          |                       | litional Fee required<br>rtificate of Status |  |
|  | 7. Name and Address of Current Registered Agent 6 0 464 1936 5  Name   |  |  |                                    |                                 |   |   |                       |  |  |
| <b>8.</b> I, being<br>Signature of<br>Registered |  | he above named corpo                                 | uck  | 7                                  | accept the ol                   | bligations of sectio                                      |   | .0503, F.S.<br>0-05-e | p/   |  |
| 9. Names   | and Street Addresses of Each Offi  | cer and/or Director (Flo                             | orida nonprofit  | corporations m                     | nust list at le                 | east 3 directors)   |   |                       | ·  |  |
| Titles   | Name of<br>Officers and/or Di  | rectors  | :  |                                    | ress of Each<br>I/or Director   |   | - ~                                       | City / State / Zip    |  |  |
| PD   | GULISANO, JORGE  |  | 1082   | WEST 41                            | STREET                          | [   | HIALEAH,                                  | FL. 33012             | 2  |  |
| TD   | FERRER, ORLANDO  |  | 1076   | WEST 41                            | STREET                          | r .   | HIALEAH,                                  | FL. 33012             | <u> </u>                                     |  |
| SD   | MORA. NANCY S.   |  | 4130   | WEST 10                            | LANE                            |   | HIALEAH,                                  | FL. 33012             | <u>&gt;</u>                                  |  |
|  |  |  |  |                                    |                                 |   |   |                       |  |  |
|  |  |  |  |                                    |                                 |   |   |                       |  |  |
|  |  |  |  | ···                                |                                 | ·   |   | • • • •               |  |  |
| this rei   | y that I am an officer or director or the<br>nstatement application, the reason<br>by the corporation have been paid a<br>application is true and accurate, ar | for dissolution has beer<br>and the names of individ | n eliminated, t<br>luals listed on   | he corporate na<br>this form do no | ame satisfies<br>it qualify for | s the requirements<br>an exemption und                    | of section 607.040                        | 11 or 617.0401, F.:   | S., that all fees                            |  |

(305) 558-9820

Daytime Phone #