1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90020 049 ***158.75

DOCUI 1. Corporation PRINTEN)		
Principal Place	e of Business	Mailing Address		1 (BELISO) DEL HENO BUILL MODI (SERI BIRLI MEN
2000 BANKS RO	OAD #222	2000 BANKS ROAD #222		
		MARGATE FL 33063		
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 09/15/1989
2. Principal Pr	face of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0157601 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	•	City & State		a Floring Compaign Financing \$5.00 Hay Re
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
11. Pursuant	ACHTH FEBERAL HWY RFIELD BLACH FL 93441 to the provisions of Sections 607.05 egistered agent, or both, by the Stat m familiar with and accord the oblig	o of Mondo Such change was a	authorized by the corbo	Address (P.O. Bon Number is Not Acceptable) FL 85 Zip Code 330(3) corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	levent (Xc	flu-	//	THE SON
12.	Signature, typed or printed name of registered as	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	SUHANDRON, KENNETH	<u> </u>	1.2 NAME	
	441 SOUTH FEDERAL HWY	•	1.3 STREET ADDRESS	2000 Banks Road #222
į	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	Marant Clarida 33068
CITY-ST-ZIP 1	_DBENTILLO BENCITTE	DELETE	2.1 TITLE	Change Addition
NAME		-	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2, 4 CITY-ST-ZIP	
TITLE		☐ OELETE	31 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	·
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	·
CITY ST. 71P			5.4 CITY-ST-ZIP	

CITY-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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

254 956 0066

Change

Addition