Jan 28, 2002 8:00 am Secretary of State 01-28-2002 90049 024 ***150.00 Principal Price of Business Mailing Address	200	2 UNIFORM BUSI	NESS REPO	RT (UBI	R)		TED	•	8
## AUX SOWNLE FL 32216 2. Principal Place of Buginess 3. Mai ing Address 3. Mai ing Addr	1. Entity Nar	me ,	0027660			Secretar	y of St	ate	00#1
DO NOT WRITE IN THIS SPACE Street, Applied For Surve, Applied For Sur	4131 UNIVER BLDG., 11, S	isity blvd. South Buite B	PO BOX 600457)457		# NARJIAAN IJI GANG FANG BAKU ARKU 1800	! Bo ule hibit heeke end	1	
20 Country 22 Country 22 Country 32 Country 32 Country 4 Country 4 Country 4 Country 59-3635738 Sp.75 Additional Fee Peeuford 1	Suite, Apt	Santoce Blud. . #, etc.	Suite, Apt. # etc.	De Blva		DO NOT WRITE IN			_
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDEN, MARIA D D.O. 4131 UNIVERSITY BLVD. S. BLDG. 11, SUITE B JACKSONVILE FI. 32218 6. 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fing requirement and elects to do so. After May 1, 2002 Fee will be \$55,000 Make Check, Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE GOLDEN, MARIA D D.O. 4131 UNIVERSITY BLVD. S. BLDG., 11, STE B SIRET ADDRESS GITT-ST-79 TILE MAKE GOLDEN, MARIA D D.O. TILE MAKE GOLDEN, MARIA GOLDEN, MARIA GOLDEN, MARIA D D.O. TILE MAKE GOLDEN, MARIA GOLDEN GO	Jack	sowille, FL -	Tack ADVI	le, FL	4.	FEI Number 59-3635738	⊢		-
GOLDEN, MARILA D D.O. 4131 UNIVERSITY BLVD. S. BLDG. 11, SUITE B JACKSONVILLE FL 32216 E. 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. SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fling reculriement and elects to 05 so. After May 1, 2002 Fee will be \$550.00 A	ン Zip ろみつ	-23 Country	() Zip 3223-3	Country 4	5.	Certificate of Status Desired			
GOLDEN, MARILA D D.O. 4131 UNIVERSITY BLVD. S. BLDG. 11, SUTE B JACKSONVLLE FL 32218 City FL Zip Code Date Date Date Date Date Date Date City FL Zip Code Date Date Date Date Date Date Date City FL Zip Code Date Date Date Date Date Date Date Date City FL Zip Code Date D		6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Regist	ered Agent		
B. 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. SIGNATURE SIGNATURE 9. This corporation is eligible to saliety its intengible (Special Page 1) and the image of the image	4131 UN	IVERSITY BLVD. S.			ddress (P.O. E	Box Number is Not Acceptable)			
B. 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. SIGNATURE Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature to the purpose of changing its registered office or registered office of the registered o				City		<u> </u>	Zip Coo	de	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critical on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE MAME 13. OFFICERS AND DIRECTORS IN 1.1 TITLE ANAME 14. OFFICERS AND DIRECTORS IN 1.1 TITLE ANAME 15. OFFICERS AND DIRECTORS IN 1.1 TITLE ANAME 16. OGUDEN, MARIA D D.O. 4131 UNIVERSITY BLVD., S. BLDG., 11, STE B 17. STREET ADDRESS 17. ST. ZIP 17. STREET ADDRESS 17. ST. ZIP 17. ELECTION S/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 17. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to	8. The above	e named entity submits this statement for t	he purpose of changing its ri	egistered office or	registered ag	ent, or both, in the State of Florida.			
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After May 1, 2002 Fee				00 50.00	10. Election Campaign Financing \$5.00 May Be			
ANAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TI		OFFICERS AND D	IRECTORS	12.	AC	I DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	ĺ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	GOLDEN, MARLA D D.O. 4131 UNIVERSITY BLVD., S. BLDG		NAME Street Address			Change	Addition	2E034 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	S
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NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Defete	NAME STREET ADDRESS			Change	☐ Addition	
13. 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 supplies and leaves the transfer of the section 119.07(3)(ii).	NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| Comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the comparison of the receiver or trustee empowered.

| Comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the comparison of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the comparison of the receiver of the comparison of the