	PLEASE READ	ALL INS	FRUCTIONS	BEFORE (OMPLET	ING THIS FORM.	·
AP LICATION DEPARTMENT OF THE					FILED		
FEINSTATUIENT Secretar of state					99 JUL - 1 AM 9: 25		
DOCUMENT # P9200012907					ACCESTALY OF STATE		
1. Corporation Name A-1 Lupima Services Coxp.						The Challed E. Fl. Ur	GUA
Frincipal Place of Business 8753 S.W. 137 # Ave. Same Miami, Fl. 33183					DEINIC	'TATPIEF1 '	02-006
If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable 3. New Mailing Address, if Applicable					4. Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, #			etc.		To Do Business in Florida 12-15-1992 5. FEI Number Applied For		
City & State	e	City & State				Applied For Not Applicable	
Zip Country		Zip Country		у	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED [] S8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	l or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)		
Trile(s)	Name of Officers and/or Directors		l Of	eet Address of Each ficer and/or Director se Post Office Box N		City / State / 2	74p
Pres.	Luis Alberto Motta		8753 S.W. 137 Hve. Mlami, FL. 33183			Miomi, FL. 3	E818
Sec. Francisco Gener			2260 S.w. 20 ST.		•	Hiami, FL. 3	3135
Treas. Edwin Guerra			1380 S.W. 65 Ave.			Miami, FL. 2314	
					71	000029296 -07/13/99010 ***1050.00	277 23009 **1050.00
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
Luis Alberto Motta					(12/95)		
					(P.O. Box Number is Not Acceptable)		
8753 S.W. 137 Ave Miami, FL. 33183				Suite, Apt. #, Etc.			
City					State Zip Code FL		
10. I, being Signature of Registered /	appointed the registered abert of the above		ration, am familiar wi ENT MUST SIGN	th and accept the ob	ligations of Section	on 607.0505, F.S. Dale 6/29/99	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax to th Florida Statu	e utes. Yes[] No [>	(See other side for it on intangible t	
uriger o	Sold Mark	th this filing is very of non-complianer, or trustee or lution has been a firm to the complete of the complete	roluntarily furnished a nnce with Section 119 npowered to execute i eliminated, the corp idicated on this appli	and does not qualify 9.07(3)(k) in the ever this application as p porate name satisfie cation is true and ai			
SIGNAT	URE: SIGNATURE AND TYPE OF PRIV	TED NAME OF S	IGNING OFFICER OR D	DIRECTOR		6/29/99 (305) Date Date	Phone #