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UNIFORM BUSINESS REPORT (UBR)					FILED								
DOCUMENT # P94000037033 1. Entity Name Archive America, Inc.					03 JAN 15 AM 11: 30 SECRETARY OF STATE TALLAHASSEF FLORIDA								
								DO NOT WRIT	E IN THIS	SPACE	į		
							2. Principal Place of Business 3. Mailing Address 3455 NW 54th Street 3455 NW 54th			h Stand			
Suite, Apt. #, etc.			3455 NW 54th Street Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE								
City & State Miami, Fl		City & State Miami, FL			4. FEI Number 650489568 Applied For								
Zip 33142	Country USA	Zip 33142	Country · USA		5. Certificate of Status Desired	\$8.75 Additional							
				Fee Required 7. Name and Address of Current Registered Agent									
DO NOT WRITE			Na Na	Name Robert Fischer									
			St	reet Address (P.C	(P.O. Box Number is Not Acceptable)								
	IN THIS S	PACE	3405 NW		54th Street								
1			Cit	City Miami FL Zip Code 33142									
The above r	named entity submits this statement	for the purpose of changing	ng its registered off	ice or registered	agent, or both, in the State of Florida.	- : 33 142							
	I black //		Robert Fische										
				signature required whe	1/08/ in reinstating) DATE	03							
This corpor	ration is eligible to satisfy its Intangib	le January	1 - May 1 Fee is	\$150.00									
(See criteria on back)			nded UBR is \$61			\$5.00 May Be Added to Fees							
**	OFFICERS AN	Make Check P	ayable to Depart	ment of State		Added to Fees							
E	D/P	- DINEGTORS	DTLE		400010132	ijja -							
ET ADDRESS	Andrew Blank		NAME		01/15/030106401	:d:4 0 **150.00							
ST - ZIP	3455 NW 54th Street, Mia	ami, FL 33142	S STREET ADDS										
	D		TITLE										
E ADDRESS	Jerome Blank		NAME										
3455 NW 54th Street, Miami, FL 33142			STREET ADDR	ESS)									
	D		THE										
T ADDRESS V	Will Weinstein		NAME										
ST-ZIP 3	3455 NW 54th Street, Mia	mi, FL 33142	STREET ADDRE City-St-Zip	-35	DO NOT WR	TE							
S	S/T		TITLE			777777777777777777777777777777777777777							
TADDRESS F	Robert Fischer		NAME	IN THIS SPACE									
ST-ZIP 3	3455 NW 54th Street, Mia	mi, FL 33142	STREET ADORE	27									
	***************************************	***************************************	TITLE										
T ADDRESS			NAME:	ec .									
ST - ZIP	***************************************	••••	STREET ADDRE	29									
		***************************************	TITLE	***************************************									
T ADDRESS			NAME										

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 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 attachment with an address, with all other like empowered.

COLA-21.50b

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrew Blank

1/08/03

(305) 633-8587

Date

Daytime Phone #