· FIL	E NOW: FILI	NG FEE AFTE	R MAY 1 IS	\$ \$225.00	
1	PROFIT RPORATION			TMENT OF STATE	↓
1	UAL REPORT			. Mortham y of State	the state of the s
	1996		DIVISION OF C	ORPORATIONS	ge "FILEID
DOCU 1. Corporation	_	940000 e INC.	48953		96 OCT 22 PH 14: 35 TALLAHASSEE, FLORIDA
721	o 5.w. \$	TAVE #Z			AMASSEE ESTATE
> Soc			· · · · · · · · · · · · · · · · · · ·		AR LURIDA
Principal Place	e of Business		g Address AmE		hilled as thement fee
					Hermit mus 10/24/96
					Date Incorporated or Qualified
2. Principal Pi	lace of Business	2a. Ma	alling Address	<del></del>	4. FEI Number Applied For
21 3 m	ne	26			(65-050419Z Not Applicable
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	Cit	ly & State	<del></del>	6. Election Campaign Financing \$5.00 May Be
Zip	Countr	<b>28</b> Zip		Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199,032,
24	25	29		30	Florida Statutes Yes No
600 MA		ess of Current Registere	eo Agent	81 Name	10. Name and Address of New Registered Agent
MAR		7 court		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
5010				83	7071
mik	ami, Fl.	33165		84 City	85 Zip Code
11 Durement t	to the provide or and cost	one 607 0503 and 607 15	00 Florida Statutos	- "	FL 85 Zip Code oration submits this statement for the purpose of changing its registered office
or register familiar wit	red agent or both, in the th, and accept the object	State Florida. Such cha state Florida. Such cha star of Section 607.050	oos, Florida Statutes, ange was authorized 5. Florida Statutes	by the corporation's bo	oration submits this statement for the purpose of changing its registered office leard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _	1/0			MARIA !	E. YAEN 10/11/96
12.		of registered agent and fitte if applica DFFICERS AND DIRECTOR		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	MARIA	E. PAES	DELETE	1. 1 TITLE	Change Addition
STREET ADDRESS	€DIO S	S.W. 87 Comp	•	1.2 NAME 1.3 STREET ADDRESS	•
CITY-ST-ZIP		1F1 33165		1.4 C(TY-ST-Z(P	
TITLE NAMÉ	Secretar marles	TENORIGUES	☐ DELETE	2. 1 TITLE 2.2 NAME	700001986697——Addition
STREET ADDRESS	6010 S.W	Esprique y	_	2.3 STREET ADDRESS	-10/52/3001111011
CITY-ST-ZIP TITLE	mi Ponti	Fl. 33165	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	****225.00 ****225.00
NAME				3.2 NAME	C orange C Automoti
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS	
TITLE			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME				4.2 NAME	
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip	
TITLE			DELETE	5. 1 TITLE	Change Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	
CITY-SI-ZIP				5.4 CITY-ST-ZIP	
TITLE *			DELETE	6. 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS	
CITY+ST-ZIP	v certify that the informat	ion supplied with this fline	ula voluntarily funish	64 CITY-ST-ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further
certify that oath: that I	the information indicated Lam an officer or directo	on this annual report and r of the convoration or the	supplemental annual receiver or trustee e	report is true and accur mpowered to execute th	ate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607. Florida Statutes: and that my name
	Block 12 or Block 13 if	changed, of on an attachr	ment with an address		
appears in		11/11/11/11	1/	MARIE	ien lila ( dina)
appears in	URE: XU	AUUU () AND TYPED OR PRINTED NAM	Kun	/ TWOM	quex 10/14/96 (305)669-1884