DOCUMENT # S68056 1. Entity Name A & W BUILDERS & MANAGEMENT, CORP.				May 16 Secret	May 16, 2001 8:00 am ⁸ Secretary of State 05-16-2001 90098 002 ***158.75		
Principal Place of Business 2270 SW 72ND CT #A299 WIAMI FL 33170		Mailing Address 9370 SW 72ND ST #A290 MIAMI FL 33173 US		I (PRICEIR AIR RING) SUISI GEORGE			
2. Principal Place of Business 1255 SW 129 & Suite, Apt. #, etc.		3. Mailing Address 122 55 Sω 129 CŁ Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	MIAMI FL	City & State MIAMI	FL	4. FEI Number 65-02804	:	Applied For Not Applicable	
33 L&	6. Country VSA	33186	USA	5. Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New			
ΔОΤΙ	ME ALEIANDOO A		Name	BTIME, ALEJY	HUDRO A	•	
ARTIME, ALEJANDRO A 937 0 SW 72ND ST #A290 *			Street A	Street Address (R.O. BowNumber is Not Acceptable) 129 Ct			
MIAMI FL 93173			-	<u> </u>			
			City	IAMI	FL 2	3186	
8. The above SIGNATURE	named entity summits the statement for Signature, typed opinited name of registered agent a	7	egistered office or		Florida. //20 / 200 DATE	<u>/</u>	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				State	ition.	5.00 May Be ided to Fees	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO O			
TITLE NAME ** STREET ADDRESS CITY-ST-ZIP	ARTIME, ALEJANDRO A 9379 SW 72ND ST #A290 MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2255 SW 129 11AMI, FL <u>3</u> 3		ge Addition 0.000 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARTIME, MERCEDES C 9370 SW 72ND ST #A290 MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2255 SW 12 HIAM, FL 3	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge Addition	
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TITLE		☐ Delete	TITLE		☐ Chan	ge 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 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.

PRECEDES

**C...*

PRECEDES

**PREC

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 235-1724