	RPORATION WILL BE DISSOLV FORE 09/30/98: \$550 (IF DISSOLVED,			D).	FILE	ED	
OFIT		FLORIDA DEPARTMENT OF STATE		Sep	Sep 22 1998 8:00am		
AN REF	PORT	Secretary of State			Secretary of State		
1998		DIVISION OF 3	DRPORATIONS		orotary		jeaco
DOCUMENT 1. Corporation Name	·# _K48	134					
i, corporation name	IZalva	CORF	DORO	tion			
Principal Place of Busine		iling Address	SAM				
4815	W. LAUR	28.1 St.	C-21 11 1 (NOT HOUTE IN THE	AD4 OF	
TAN	-pa, F1 3	33607		3. Date incorporated	O NOT WRITE IN THIS or Qualified	SPACE	
2. Principal Place of Busi	inoss 2a.	Mailing Address	J. LAURE	151 4. FE Number 29	19101		pplied For lot Applicable
Suite, Apt #, etc.	27	Suite, Apt. #, etc.	2 DI VIEL	5. Certificate of Status	Desired	\$8.75	Additional lequired
City & State		City & State	9. F1	Election Campaign Trust Fund Contribu	· ·	\$5.00	May Be
24 33607	- 	33/207	Country	8. This corporation ov Personal Property	ves or has paid the cu	irrent year Int	
	e and Address of Current Registe		81 Name	10. Name and Addres	s of New Registered	Agent	
				Address (RO Box Number is N	lot Acceptable)	1EZ	
			63	INIT 361	57		
			84 Cily	Thin PA	FI	85 Zp.	\$2 ^{de} 9
11. Pursuant to the provi- office or registered a	sions of Sections 607.0502 and 607 gent, or both, in the State of Fld res vith, and accept the obligations of S	7.1508, Florida Statutes Such change was aut	, the above-named horized by the corp	corporation submits this statem oration's board of directors. The	ent for the purpose of preby accept the appo	changing its	registered egistered
SIGNATURE 1/4	ertara (yes	are			9/18/9	8	
Signature type	d or printed name of registered injuried and little if a OFFICERS AND DIRECT	TORS	Registered Agont signature 13.	ADDITIONS/CHANG	ES TO OFFICERS AN		
TITLE		DELETE	1.1 TITLE	PPD BARBARA AL	MAREZ,	Change	Addition
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS	4610 W GRAY	ST. YNIT	- 301	Addition
CITY-ST-ZIP			1.4 CITY-\$1-ZIP	TAM PA	FLA, 33	609	
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2 2 NAME 2 3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DECETE	3.1 TITLE		·	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-SY-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZIP			Change	☐ Addition
NAME		,	4 2 NAME			-	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-7IP		- Constant	4.4 CITY - ST - ZIP			- 1-11 or -12	Date Control
TITLE		□ DELFTE	5 t TITLE 5 2 NAME	60000	026 468 18010150	Change	Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS)16	1
CITY-S1-ZIP			5 4 CITY - S1 - Z4P	***550.0	IU		
1011		☐ DECETE	6.1 TITLE			Change	Addition
NAME			6 2 NAME				X X
SURFET ADDRESS			6.3 STREET ADORESS 6.4 CITY-ST-ZIP	<u> </u>			M'
City St. 7th 14. Thereby certify that t	he information supplied with this fili	ng does not qualify for	the second second	d in Section 119.07(3)(i), Florida	a Statutes. I further ce	rtily that the i	information
indicated on this ann officer or director of I Block 12 or Plack 12	ne information supplied with this fill had report or supplemental ampual in the corporation or the receiver in tru- if charged, or on an attach right wi	report is true and accur ustee empowered to ex ith an address	ale and that my sig ecute this report as	nature shall have the same lega required by Chapter 607, Floric	ii ellect as il made und la Statutes; and that m	aer bain; that ny name appr	ears in
	10.1 (8)	Rno	Ropo	ALVAREZ	012	20 - ~	
SIGNATURE.	Javange ray	1-11/	MOM	" TUTTY E E	012	70 / B	1 / 1