

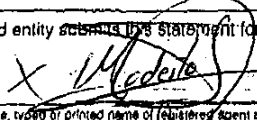
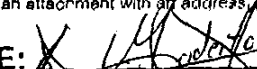
AMENDMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 10:03

1

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8627 NW 68TH ST MIAMI FL 33166 US		Mailing Address 9000 W. Flagler St. Block 1, Unit 5 Miami, FL 33174			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	65-0584790
Zip	Country	Zip	Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAPENA, HECTOR 8627 NW 68TH ST MIAMI FL 33166				Name	
				Street Address (P.O. Box Numbers Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.					
SIGNATURE:  7/10/01 Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒			FILE NOW WITH FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Treas. DAPENA, HECTOR 8627 N.W. 68 St. MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004494080--7 -07/24/01--01089--013 *****61.25 *****61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Sec. GRANDE, MODESTO 8627 N.W. 68 St. Miami, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			SP		
SIGNATURE:  7/10/01			305-597-8885		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		