F COR ANNU	PROFIT PORATION IAL REPORT		5)	RTMENT	r OF STATE ris	Sec	FILE 16, 199 retary 6-1999 90154 0	99 8:00 of Sta	te
Corporation	MENT # 18 Name ADES, INC.	6900							
Principal Place of Business 0021 SW 45GH ST /IAMI FL 33165 JS			Mailing Address P O BOX 3006 KEY LARGO FL 33037 US				NOT WRITE IN TH		611 81911 1661
						07/31/1955	Qualited	•	
Principal Pl	ace of Business		2a. Mailing Address			4. FEI Number	A.# *. *		lied For
<u></u>		2	26 Suite Art # oto			<u>59-0747995</u>		8.75 A	Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired 🗌	Fee Re	
City & State			City & State			6. Election Campaign Trust Fund Contribu		\$5.00 Added to	
Zip	Country		Zip	Cou	untry	8. This corporation ow	·	Intangible	
	25 9. Name and Addre		29	30		Personal Property 1 10. Name and Addres		—	□No
	SOUTH DADELAND	BLVD				ress (P.O. Box Number is f	Not Acceptable)		
STE MIAM	1511 II FL 33156 to the provisions of Sect	ions 607,0502 an	id 607.1508, Florida Statu Iorida. Such change was s of, Section 607.0505, Fl	authorized	83 84 City above-named corp d by the corporati	ress (P.O. Box Number is h	Fent for the purpose	of changing its	registered
STE MIAM	1511 II FL 33156 to the provisions of Sect	ions 607.0502 an in the State of Fl apt the obligations	lorida. Such change was s of, Section 607.0505, Fl	authorized orida Stat	83 84 City above-named corp d by the corporati	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	of changing its pointment as rec	registered jistered
Pursuant t office or re agent. I ar GNATURE	1511 II FL 33156 lo the provisions of Sect egistered agent, or both, n familiar with, and acce Signature. typed or printed name	ions 607.0502 an in the State of Fl apt the obligations	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS	euthorized orida Stat E: Registered 13.	83 84 City above-named corp d by the corporati tutes.	poration submits this statem on's board of directors. I he	Final for the purpose preby accept the ap DATE	AND DIRECTO	registered istered RS IN 12
STE MIAM • Pursuant to office or re agent. I ar GNATURE 	1511 II FL 33156 lo the provisions of Sect agistered agent, or both n familiar with, and acco Signature. typed or printed name O PD LUNDEN, JACQUEL P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D JNE A.	lorida. Such change was : s of, Section 607.0505, Fl title if applicable. (NOT	E: Registered 13. 1.1 Ti 1.2 N	83 84 City above-named corr d by the corporation tutes. d Agent signature require ITLE IAME ITREET ADDRESS	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	of changing its pointment as rec	registered jistered
STE MIAM Pursuant t office or re agent. I ar GNATURE E E E E E E E E E E E E E E E E E E	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acco Signature. typed or printed name OPD LUNDEN, JACQUEL	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D JNE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS	E: Registered 13. 1.1 Ti 1.2 N	83 84 City above-named corr d by the corporation tutes. d Agent signature require ITLE IAME ITREET ADDRESS ITY-ST-ZIP	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	registered istered RS IN 12
STE MIAM Pursuant t office or re agent. I ar SNATURE E E E E E E E E E E E E E E E E E E	1511 II FL 33156 to the provisions of Sect ogistered agent, or both m familiar with, and acco Stgnature. typed or printed name O PD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C	83 84 City above-named corr d by the corporative requires. d Agent signature require ITLE IAME ITREET ADDRESS JITY-ST-ZIP ITLE	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	registered istered RS IN 12
STE MIAM Pursuant t office or re agent. I ar SNATURE SNATURE E E E E E E E E E E E E E E E E E E	1511 II FL 33156 Io the provisions of Sector ogistered agent, or both n familiar with, and accord Stgnature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	83 84 City above-named corp d by the corporating d Agent signature require ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITTEET ADDRESS	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	registered istered RS IN 12
STE MIAM Pursuant t office or re agent. I ar SNATURE E E E E E E E E E E E E E E E E E E	1511 II FL 33156 to the provisions of Sect ogistered agent, or both m familiar with, and acco Stgnature. typed or printed name O PD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	83 84 City above-named corr d by the corporating to the corporation of the corporating data and the corporation of the corporat	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	registered istered RS IN 12
STE MIAM Office or re agent. I ar GNATURE E E EET ADDRESS -ST-ZIP E E E E ST-ZIP E	1511 II FL 33156 to the provisions of Sect egistered agent, or both m familiar with, and accord Signature. typed or printed neme OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registerer 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C	83 84 City above-named corr d by the corporating to the corporation of the corporating data and the corporation of the corporat	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	83 84 City above-named corp d by the corporati- tutes. d Agent signature requin- tutes. ITLE IAME	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both m familiar with, and accord Signature. typed or printed neme OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	lorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	83 84 City above-named corr d by the corporating tures. d Agent signature require ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Iorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti	83 84 City above-named corr d by the corporating tures. d Agent signature require ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	poration submits this statem on's board of directors. I he ed when reinstating)	Final for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Iorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	83 84 City above-named corr d by the corporative tutes. d Agent signature require d Agent signature require ITLE IAME ITTLE IAME STREET ADDRESS ITTLE	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Iorida. Such change was s of, Section 607.0505, Fl title if applicable. (NOT IRECTORS DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	83 84 City above-named corp d by the corporati- tutes. d Agent signature require intervention ITLE IAME ITT-ST-ZIP ITLE IAME ITTEET ADDRESS CITY-ST-ZIP ITLE IAME ITTEET ADDRESS CITY-ST-ZIP ITLE IAME ITTEET ADDRESS CITY-ST-ZIP ITLE IAME ITTEE ITTE IAME ITTE ITT	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Inrida. Such change was s of, Section 607.0505, Fl IRECTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	83 84 City above-named corp d by the corporati- tutes. d Agent signature requin- tutes. ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME ITLE ITLE ITLE ITLE ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITLE ITLE ITRE	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Inrida. Such change was s of, Section 607.0505, Fl IRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4. C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	83 84 City above-named corr d by the corporativities. d Agent signature require ITLE IAME TREET ADDRESS ITT-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS SITY-ST-ZIP TILE IAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Iorida. Such change was is of, Section 607.0505, Fl itile if applicable. (NOT IRECTORS DELETE DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4. C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S	83 84 City above-named corr d by the corporating tracks d Agent signature requint ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME ITLE IAME ITLE ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Inrida. Such change was s of, Section 607.0505, Fl IRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4. C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti	83 84 City above-named corr d by the corporating tracks d Agent signature requint ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME ITLE IAME ITLE ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition
STE MIAM Pursuant t office or re agent. I ar GNATURE E	1511 II FL 33156 to the provisions of Sect egistered agent, or both, m familiar with, and acce Signature. typed or printed name OPD LUNDEN, JACQUEL P.O. BOX 3007 N/A KEY LARGO FL SDT LUNDEN, ELEANOF P.O. BOX 3007 N/A KEY LARGO FL VD LUNDEN, HARRY P.O. BOX 3007 N/A	ions 607,0502 an in the State of Fl apt the obligations of registered agent and FFICERS AND D INE A.	Iorida. Such change was is of, Section 607.0505, Fl itile if applicable. (NOT IRECTORS DELETE DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4. C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 Tl 5.2 N 5.3 S 5.4 C 6.1 Tl 6.2 N	83 84 City above-named corr d by the corporativities. d Agent signature require intrest address	poration submits this statem on's board of directors. I he ed when reinstating)	F nent for the purpose preby accept the ap DATE	AND DIRECTO	RS IN 12 Addition

SIGNATURE:	Eleans (Vander D)
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $\frac{3/12}{2}$ $\frac{305}{2}$ $\frac{451-5880}{3}$