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Softe: Apt 4, etc.       Suite: Apt 4, etc.       DO NOT WHIE IN THIS SPACE         City: 4 State       City: 4 State       4. FEI Number       Sp40934611       Application         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         PAZ, JOSE M       Test shows more dentity submits this statement for the purpose of charging its registered office or registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         SIGMATURE       Sprein, fuel to protein due to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored and the purpose of charging its registered office or registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explore	7281 NW 8TH	STREET	7281 NW 8TH STREET		و موجد ب
Softe: Apt 4, etc.       Suite: Apt 4, etc.       DO NOT WHIE IN THIS SPACE         City: 4 State       City: 4 State       4. FEI Number       Sp40934611       Application         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         Zite: Country       Zip       Country       Zip       Country       Site: Apt 4, etc.         PAZ, JOSE M       Test shows more dentity submits this statement for the purpose of charging its registered office or registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         SIGMATURE       Sprein, fuel to protein due to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored and the purpose of charging its registered office or registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explored agent are to registered agent. or both, in the State of Florida.       Site: Apt 4, etc.         Sign Turk Explore	2. Principal f	Place of Business	3. Mailing Address		
Zip       County       SPUS24911       Interpretation         Zip       County       S. Centricate of Status Deared       \$87.55 Additional         PAZ, JOSE M       7. Name and Address of Num Registered Agent       Num         PAZ, JOSE M       7. Name and Address of Num Registered Agent       Num         PAZ, JOSE M       7. Name and Address of Num Registered Agent       Num         PAZ, JOSE M       Street Address of Num Registered Agent       Num         PAZ, JOSE M       Street Address of Num Registered Agent       Num         PAZ, JOSE M       Street Address of Num Registered Agent       FL         Zip       City       FL       Zip Code         8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds.       State Address of Num Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Zip       Country       Zip       Country       S. Certification of Status Desired       Desired	City & Sta	te	City & State		4. FEI Number 59-0934811 Applied For
A Marine and Address of Current Registered Agent      PAZ, JOSE M      7281 NW, STH STREET      MAMI FL 33128      City      FL      Zip Code      Grow FLE      Street Address (P.O. Box Number is Not Acceptable)      Grow FLE      System Acceptable      City      FL      Zip Code      City      FL      Signata, ispect partiticities distributions     State      Atter MAY, 200      Feet      Signata, ispect partiticities of the city	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
PAZ, JOSE M TZ81 NW. SH STREET MAAM FL 33128  Street Address (P.C. Box Number is Not Acceptable)  City FL Zp Code City FL Cit		6. Name and Address of Current F	legistered Agent		Fee Required
7281 N.W. 8TH STREET MUM FL 33126       Defer Addition IF-0. Don Number 6 rein Addition in the State of Florida.         City       FL       Zip Code         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				Name	
City       FL       Zp Core         8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE         SIGNATURE       Signature, hand to prime have or registered office or registered agent, or both, in the State of Florida.       DNE         9. This coopportation is engistered agent and start advances that its statement and elects to do so. (See criteria on back)       DNE       DNE         11.       OFFICER SAND DIRECTORS       10. Election Campaign Florincing       \$5.00 May Be Addet to Pees         11.       OFFICER SAND DIRECTORS       12. ADOMTONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Nake Check Payable to Delete       TITL       OFFICER SAND DIRECTORS IN 11         Nake Check Payable to Delete       TITL       OFFICER SAND DIRECTORS IN 11         Nake Check Payable to Delete       TITL       OFFICER SAND DIRECTORS IN 11         Nake FLAXMES       STAET ADMESS       Change   Addition         STAET ADMESS       STAET ADMESS       Change   Addition         STAET ADMESS       STAET ADMESS       Change   Addition         TITLE       D       Delete       TITLE         Name       STAET ADMESS       STAET ADMESS       Change   Addition         STAET ADMESS       STAET ADMESS       STAET ADMESS       Change   Additio	7281 N.W. 8TH STREET		· ·	Street Add	Address (P.O. Box Number is Not Acceptable)
Change     Chang	MIAI	MI FL 33126		City	
SIGNATURE	9 The should	-			FL
PD       Delete       TITLE       Intle       Change       Addition         NAME       SFRETADRESS       CORAL GABLES FL 33146       Intle       NAME         CITY-ST-2P       CORAL GABLES FL 33146       Intle       In	9. This corpo Tax filing (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 200 Make Check Payab	FEE IS \$150.00 The will be \$550 If to Department of	00       10. Election Campaign Financing       \$5.00 May Be         550.00       Trust Fund Contribution.       Added to Fees         Added to Fees       Added to Fees
STRET ADDRESS       G450 PRADO BLVD.       STRET ADDRESS         CITY-ST-2P       CORAL GABLES FL 33146       CITY-ST-2P         TITLE       ST       Delete       TITLE         NAME       ESPAILARGAS, GLADYS       STRET ADDRESS       CITY-ST-2P         STRET ADDRESS       3120 SW 78TH CT       STRET ADDRESS       CITY-ST-2P         TITLE       D       Delete       TITLE       Addition         NAME       LAGE, JUSTINA       STRET ADDRESS       CITY-ST-2P         TITLE       D       Delete       TITLE       CITA-ST-2P         MIAMI FL 33144       CITY-ST-2P       CITA-ST-2P       CITA-ST-2P         TITLE       VD       Delete       TITLE       CITA-ST-2P         MAME       LAGE, JUSTINA       STRET ADDRESS       CITA-ST-2P         TITLE       VD       Delete       TITLE       Change       Addition         NAME       STRET ADDRESS       CITA-ST-2P       CITA-ST-2P       CITA-ST-2P       CITA-ST-2P         TITLE       VD       Delete       TITLE       Change       Addition         NAME       STRET ADDRESS       CITA-ST-2P       CITA-ST-2P       CITA-ST-2P       CITA-ST-2P         TITLE       D       Delete </td <td></td> <td>_ · · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>-<b></b></td> <td></td>		_ · · · · · · · · · · · · · · · · · · ·		- <b></b>	
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TITLE       Delete       TiTLE       Change       Addition         NAME       STREET ADDRESS       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.         SIGNATURE:       Image: Image	NAME STREET ADDRESS	D FERNANDEZ, GLORIA M 6950 PRADO BLVD.	Delete	NAME STREET ADDRESS	Change D Addition
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Date Devine Phone #	SIGNAT	URE:	NTED NAME OF SIGNING OFFICER O	R DIRECTOR	4-5-01 (305) 266-8000 fauth 2.2- Date Daytime Phone #