U	FOR PROFIT C NIFORM BUSINE			FILED May 09, 2002 8:00 a Secretary of State 05-09-2002 90092 022 ***150.00
DOCUN 1. Entity Name	MENT # 290276			
÷	WOODTURNING, I	INC. V		
	DO NOT WRITE	IN THIS S	SPACE	
	Place of Business IW 2977H STREET	3. Mailing Address	<u></u>	
<u>78 //// 29/// 3///€€/</u> Suite, Apt. ≢, etc.		Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE
City & State MIAM		City & State	<u></u>	4. FEI Number 59-1098944 Applied For Not Applicable
<sup>Zip</sup> 33/		Zip	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required
	21 1911-50-0			7. Name and Address of Current Registered Agent
8. The above	IN THIS SP.			MIAM i BEACH FL Zip Code registered agent, or both, in the State of Florida.
SIGNATURE _	Signature, speed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	and tale if applicable. (W	NOTE Registered Agent signature re May 1 Fee is \$150.00 Tay 1 Fee is \$550.00 Tee UBR is \$61.25	e required when reinstating) DATE 00 State Stat
(See criter	ría on back)	Make Check Pay	ided UBR is \$61.25 yable to Department of	
11. TITLE		JRECTORS	mu (199	12101)
NAME STREET AODRESS	RICH, HELENE 11750 SW 9774 AVE		NAME 1 CORESS	그 같아. 이 이 이 이 가는 것은 것 같은
	MIAMI FL		- CITY- ST-ZIP	CR2E034B
TITLE NAME STREET ADDRESS	PVDST RICH, HOWADD 16570 NE 2674 AUE #33	J	TITLE NAME STREET ADDRESS	Ř
	N. MIAMI BEACH FL 33		CITY-ST-ZIP	and the second
ittle Ame		-	TITLE MALE AND ST	
STREET ADDRESS			STREET ACORUSS	DO NOT WRITE
UTY-ST-ZIP TITLE			TITLE	IN THIS SPACE
NAME STREET ADDRESS			NAME STREET ADDRESS	
STREET AUDRESS	Í	·	CITY-ST-7IP	
TTI.E KAME			TITLE IN THE REAL PROPERTY OF	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP TITLE			C(TY-ST-ZIP THLE	
VAME. STREET ADDRESS	1		NAME STREET ADDRESS	사람이라는 것을 같은 도망한 것이다. 이 가지 않는 것은 사람이라는 것을 통해 가지 않는 것을 가지 않 것 같은 것은 것은 것은 것은 것을 가지 않는 것은 것을 통해 있는 것을 위해 있는 것을 위해 있는 것은 것을 위해 있는 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 가지 않 같은 사람이 바라 이 가지 않는 것을 많은 것은 것은 것을 위해 있는 것을 가지 않는 것을 가지 않는 것을 가지 않는 것을 위해 있는 것
CITY - ST - ZIP	l		SCITY-ST-ZIP	
13. I hereby c indicated of the cor	certify that the information supplied with t on this report or supplemental report is rporation or the receiver or trustee emp	this filing does for qualify true and accurate and the powered to opequite this re	for the exemption stated at my signature shall have sport as required by Char	ed in Section 119.07(3)(ii), Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an efficer or director apter 607, Florida Statutes: and that my name appears in Block 11 or on an