····················-	DIEAG	E DEAD A	II INISTI	BUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	1.				
, APPLICATION FLORID			FLORIDA S	DEPARTMENT Secretary of Secret	NT OF STATE tham State	Pa						
	JMENT #	32335		NGIONE OF COMPONE		96 9	FILED					
1. Corpora		ESTMENTS	S, INC.			B .	SEP 30 - AM H: 1: ETARY OF STATE HASSEE, FLORIDA	•				
610 EAST P.O. BOX	lace of Business 49 STREET 2365 L 33013-1964		Mailing Addre 610 EAST 49 P.O. BOX 236 HIALEAH FL	STREET S		file	Das A/R	MWB 10/15/9				
	iddresses are incorrect in ricipal Office Address, If A			formation and enter og Office Address, If		4. Date Incorporate To Do Busin	orated or Qualified ness in Ftorida	11/20/1967				
Suite, Apt	#, etc.		Suite, Apt. #,	etc.		5. FEI Number		Applied For				
City & Stat			City & State				6. \$8.75 Additiona					
Z ip	Country		Zip	Count		<u> </u>	OF STATUS DESIRED	for a Certificate of Status				
7. Names Title(s)	and Street Addresses of E Nam and	Each Officers ne of Officers /or Directors	or Director (Fior	St	reet Address of Each fficer and/or Director se Post Office Box N	1	City /	State / Zip				
VD	LIMRACH, MELODIE	DR.		6507 116ST			KENSHA WI					
D	PURSINO, GLORIA			610 E 49TH ST			HIALEAH, FL 00000					
PST	LIMPACH, FRANK			610 E 49TH ST								
							000197 -10/16/96- ****200.00	70922 -01065009) ****200.00				
	8. Name and Add	ress of Current F	Registered Age	nt		9. Name and /	Address of New Registers	ıd Agent				
	ACH, FRANK				Name Street Address (f	P.O. Box Number	is Not Acceptable)					
	E 49 ST EAH FL 33013				Suite, Apt. #, Etc.							
					City		St	ate Zip Code				
10. I, bein Signature Flegistered		agent of the abo	ve named carbo	ation, am familiar v	with and accept the o)	ion 607.0505, F.S. 9/22	196				
11. Do	oes this corpora ept. of Revenue	ation pay a e under S.	ny intang 199.032,	ible tax to t	ne tutes. Yes	<i>Rep1</i> No [(See other on in	slde for information ntangible tax.)				
this rei	inatutament popliesting th	e reason for dissonen on he	llution has been names of individ	eliminated, the corp luals listed on this fo	porate name satisties orm do not qualify for	s the requirements ran exemption un	apter 607 or 617, F.S. I furt s of section 607.0401 or 61 ider section 119.07(3)(i), F.	her certify that when filing 7.0401, F.S., that all fees S. The information indicated				
SIGNA	TURE: JU	MAL TYPED OF CHI	NTE NAME OF	pach SIGNING OFFICER OF	DIRECTOR		9/22/96 Date	Daylime Phone #				

NUMBER	DATE	St. DE DOIL		CHECKS ISSUE	D 10	VIOCA OU	1	CHARGES (-1			(-) CHECK FEE M ANY	1 (.)	Jai	BAL	ANCE	7
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