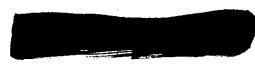
FILED Jun 06, 2002 8:00 am Secretary of State

06-06-2002 90083 005 ***158.75

* 2002 UNIFO	KM DUSINESS I	REPU	AI (OD)	r,
DOCUMENT #	365956	ą	, f	
	IM MANAGEMENT INC.			

Mailing Address Principal Place of Business 201 ALHAMBRA CIRCEL 201 ALHAMBRA CIRCEL 12TH FL 12TH FL CORAL GABLES FL 33134-5102 CORAL GABLES FL 33134-5102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip



			_					
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc.		3. Mailing Address	3. Mailing Address		4			
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State			4. FEI N	umber 59-1525639		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country					
	6. Name and Address of Current	Registered Agent	-	7. Name	and Address of New Reg	stered Ag	ent	
			-Name		<u> </u>			
KERRIGAN, JUANITA I 201 ALHMABRA CIRCLE		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
12TH FL	MADIA CIRCLE							
CORAL GABLES FL 33134			City		FL ZIp Code			le
	named entity submits this statement f		registered office or			OATE		
	Signature, typed or printed name of registered agen	t and little it appecacie. (NOTE:	. negalered regard eighted	2 /5q5//00 #/(d) / (d) /				
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D		2 Fee will be \$5	ee will be \$550.00 Trust Fu			Added	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITI	ONS/CHANGES TO OFFICE	RS AND I	DIRECTOR:	S IN 11
TITLE NAME	VD GETMAN, DENNIS J.	☐ Delete	TITLE NAME			;	☐ Change	☐ Addition

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
Tax filing r	ration is eligible to satisfy its Intengible equirement and elects to do so. ia on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		0.00 of State	10. Election Campaign Trust Fund Contribe	ution.	Added	O May Be to Fees
11.	OFFICERS AND DIR	RECTORS	12.	ADI	DITIONS/CHANGES TO C	OFFICERS AND D	DIRECTORS	N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	′ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, WARREN 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ا نن عائد جن قريب			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete -	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletæ	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.