DOCU 1. Entity Name	MENT'# 400541	NESS REPUT		FILED Feb 22, 2000 8:00 am Secretary of State 02-22-2000 90009 023 ***150.00
Principal Place of Business 12601 SW 67TH COURT MIAMI FL 33156		Mailing Address 12601 SW 67TH COURT MIAMI FL 33156-6205		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0297763 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Peel Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
DECARION,GEORGE H 12601 SW 67 CT. MIAMI FL 33156		Street Add	ddress (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of		r the purpose of changing its re	City	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent a			re required when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible       FILE NOW!!!         Tax filing requirement and elects to do so.       After MAY 1, 2000         (See criteria on back)       Make Check Payable			50.00 Trust Fund Contribution.	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME Street Adoress City-St-Zip	PD DECARION, GEORGE H 12601 SW 67 CT. MIAMI FL	C] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARAKI, VIVA DE CARION 4029 BRIARGLADE WAY ATLANTA GA	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Addition
TITLE NAME STREET ADDRESS	ASD DE CARION, CURTIS 1102 WALKER DR.	C] Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition 120 Belgian∷Drive Danville, CA 94526
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECATUR GA 30030 ASD BRYANT, ELIZABETH D. 1102 WALKER DR. DECATUR GA 30030	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECATOR ON SUUSU	[] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Delete	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 em GEGRGE H. DE CARION SIGNATURE: Signature and tryped of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Determine the same legal effect as if made under oath; that I am an officer or director 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 em GEGRGE H. DE CARION Determine 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 em GEGRGE H. DE CARION Determine the same legal effect as if made under oath; that I am an officer or director of the corporation or on an attachment with an address. With all other like em GEGRGE H. DE CARION Determine the same legal of the corporation or on an attachment with an address. With all other like empowers of the corporation of the corporat				