NLVD	Mailing Address 104 CRANDON BLVD SUITE 402 KEY DISCAVAIE EL 22140			<b>Apr 12, 2</b> <b>Secretar</b> 04-12-2001 90	<b>'y of Sta</b> 007 045 ***150	
NLVD	104 CRANDON BLVD SUITE 402					
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ace of Business	3. Mailing Address					
; etc.	Suite, Apt. #, etc.				N THIS SPACE	
	City & State		4. 1	4. FEI Number 59-1588863 Applied For Not Applicable		
Country	Zip	Country	- 5. (	Certificate of Status Desired	Fee Require	ditional ed
6. Name and Address of Current R	legistered Agent	Name	7N	Name and Address of New Regi	stered Agent	
JOSE O PEREZ 5666 W. 9TH LANE HIALEAH FL 33155		Street Addre	ss (P.O. B	Box Number is Not Acceptable)		
		City	<u> </u>		FL Zip Cod	le
amed entity submits this statement for t	the purpose of changing its	registered office or regi	stered ag	· · · ·	<u> </u>	
equirement and elects to do so. After MAY 1, 2001 Fee a on back) After MAY 1, 2001 Fee Make Check Payable to D		01 Fee will be \$550.0 le to Department of \$	State	Trust Fund Contribution.	Addeo	0 May Be d to Fees
PD Martinez, silvio 101 Button Wood Dr	Delete	TITLE NAME STREET ADDRESS	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR:	S IN 11
	Delete	TITLE NAME STREET ADDRESS			Change	Addition
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	6. Name and Address of Current R D PEREZ V. 9TH LANE H FL 33155 amed entity submits this statement for mature, typed or printed name of registered agent an tion is eligible to satisfy its Intangible uirement and elects to do so. on back)	Country Zip   6. Name and Address of Current Registered Agent   O PEREZ   V. 9TH LANE   V. 9TH LANE   WH FL 33155   amed entity submits this statement for the purpose of changing its   areaure, typed or printed name of registered agent and tille if applicable.   (NOTE   tion is eligible to satisfy its Intangible   uirement and elects to do so.   on back)   OFFICERS AND DIRECTORS   D   After MAY 1, 200   MARTINEZ, SILVIO   01 BUTTON WOOD DR   EY BISCAYNE FL   Delete   Delete	Country Zip Country   6. Name and Address of Current Registered Agent Name   O PEREZ Street Address   X. 9TH LANE Street Address   WH FL 33155 City   immed entity submits this statement for the purpose of changing its registered office or registered office or registered office or registered agent and the it applicable. (NOTE: Registered Agent signature requirement and elects to do so.   on back) Immediate Check Payable to Department of States Atter MAY 1, 2001 Fee will be \$550.00   MARTINEZ, SILVIO Immediate Check Payable to Department of States Immediate Check Payable to Department of States   OFFICERS AND DIRECTORS 12.   MARTINEZ, SILVIO Delete Immediate Street Address   OI BUTTON WOOD DR Street Address Street Address   CITY-ST-ZIP Delete Immediate Street Address   ID Delete ITTLE NAME   STREET ADDRESS CITY-ST-ZIP Immediate Street Address   ID Delete ITTLE NAME   STREET ADDRESS CITY-ST-ZIP Immediate Street Address   ID Delete ITTLE NAME   STREET ADDRESS CITY-ST-ZIP Immediate Street Address	Country Zip Country 5.   6. Name and Address of Current Registered Agent 7. Name   D PEREZ Street Address (P.O. I Name   V. 9TH LANE Street Address (P.O. I City   umed entity submits this statement for the purpose of changing its registered office or registered agent into its eligible to satisfy its Intangible (NOTE: Registered Agent signature required when registered agent and tile if applicable.   Instrument and elects to do so. Image: Country 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   OFFICERS AND DIRECTORS 12.   ARTINEZ, SILVIO Image: Delete   OI BUTTON WOOD DR City - ST-ZiP   ID Delete ITLE   NAME STREET ADDRESS   CITY-ST-ZiP ID Delete   ID Delete ITLE   NAME STREET ADDRESS   CITY-ST-ZiP ID Delete	Country Zip Country 5. Certificate'of Status Desired   6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent   0 PEREZ Name Street Address (P.O. Box Number is Not Acceptable)   VH FL 33155 City City   Immed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida   rowre, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature recurred when remasting)   rowre, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature recurred when remasting)   rowre, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature recurred when remasting)   rowre, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature recurred when remasting)   rowre, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature recurred when remasting)   tion is eligible to satisfy its Intrangible Atter MAY 11, 2001 Fige will be \$550.00 10. Election Campaign Financ   OPEREZ ND Make Check Payable to Department of State 10. Election Campaign Financ   OFFICEERS AND DIRECTORS 12. ADDITIONS/CHANGES TO	Country Zip Country S. Certificate of Status Desired - \$8, 75, Aa Fee Require   6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - \$8, 75, Aa Fee Require   0 PEREZ W. 9TH LANE WH FL 33155 Name Name Address of New Registered Agent   0 City FL Zip Cod   0 reserve Make Origitated Agent signature resulted agent, or both, in the State of Florida.   0 reserve Make Check Payable to Department of state 10. Election Campaign Financing Trust Fund Contribution. Address   0 reserve OrFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 2.   0 belde True Name Change Change 0.   0 belde True