2001	UNIFORM BU	UBR)	FILED							
DOCUI  1. Entity Nam  AVECON,		01			_	, 2001 0 etary of		M		
Principal Plac		Mailing Address								
MIAMI 33156	FL	MIAMI 33156		FL						
2. Principal P	face of Business	3. Mailing Address	•							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		_	
City & State	е	City & State		<b>I</b>	4. FEI Number 59-1832758			Applied Not Ap	d For plicable	-
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	X \$8.7	5 Addition	al	
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Add	ress of New Reg		· · · · · · · · · · · · · · · · · · ·		
DANILUK 11301 SW 6	ELAINE F 1ST CT		L	Name Street Address (P.C	). Box Number is N	lot Acceptable)				
MIAMI 33156	US	FL	- (	City	·		FL Z	o Code	<u>-</u>	
8. The above	named entity submits this statem	ent for the purpose of changing its	registered (	office or registered	agent or both in t	the State of Florid				
SIGNATURE .		-			· 		04/29/200	1		
	Signature, typed or printed name of registered	V. 25. 2 A-M		gent signature required who	en reinstating)		DATE			
Tax filing r	ration is eligible to satisfy its Inta equirement and elects to do so. ria on back)	FILE NOW!!  After MAY 1, 200  Make Check Payab	01 Fee wil	ll be \$550.00		Campaign Finand and Contribution.		<b>\$5.00</b> M Added to F	lay Be ees	
11.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	12.		ADDITIONS/CHAI	NGES TO OFFICE	RS AND DIRE	CTORS IN	11	
NAME STREET ADDRESS	11301 SW 61ST CT	☐ Delete F	TITLE NAME STREET A		K ELAINE V 61ST CT	F	<b>⊠</b> ci	•	Addition	E034 (11/00)
CITY-ST-ZIP	MIAMI PD	FL	CITY-ST-				FL 33156	_•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANILUK ANDREW 11301 SW 61ST CT MIAMI	☐ Delete ¸	NAME STREET A		K ANDREW V 61ST CT	V	X CI		Addition	CR2
TITLE NAME	MAM	☐ Delete	TITLE NAME				FL 33156	<u> </u>	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET A			<u>.</u>		<u> </u>	بعدر - ـــــــــــــــــــــــــــــــــــ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-				<u> </u>	nange 🗌	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				□ CI	iange 🔲	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS			□ Ci	ange 🗀	Addition	
of the cor	poration or the receiver or trustee	d with this filing does not qualify for port is true and accurate and that m empowered to execute this report a ress, with all other like empowered.	iv simatilira	s chall have the cor	na jagal attact se if	i mada undar anti	as tinat I am an a	officer or di	ractor	
SIGNAT	URE: Andrew Daniluk	D OR PRINTED NAME OF SIGNING OFFICER (	OR DIRECTOR			/29/2001 Date	Daytıme Pi	none#	<del></del>	

Daytime Phone #