

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999		- T
DOCUMENT	# 594	840

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

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ROVE ISLE DRIV	ILE DRIVE			DO NOT WRITE IN THIS SPACE					
7. 501 CONUT GROVE FL 33133-4102 CONUT GROVE FL 33133-4102		1	3. Date Incorporated or Qualifed			}			
MINUT GHOVE	. 2 00.00				į	12/20/1978		Applied	For
						4. FEI Number		Not Ap	
Principal Place	of Business	2a. Mailing Add	iress			11-2233404		8.75 Addit	
· (IIIO)		Suite, Apt.	# otc			5. Certificate of Status Desired		Fee Require	ed
Suite, Apt. #, e	itc:	⊢ ¬	r, 610-					\$5.00 May	
		City & State				6. Election Campaign Financing		Added to Fe	ees .
City & State		⊢ —,	•			Trust Fund Contribution			
				Country		8. This corporation owes the curre	ntyear⊪inang □	Yes 🗆	No
Zip	Country	- }-¬ `	30			Personal Property Tax.			
•	25	29				10. Name and Address of New Ro	sgisto.ee		-
	9. Name and Address of Curren	Kedizieien Wei		81	Name				
				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble) ·		
HILL, S	SARA			102	Super noun				
2 GRO	IVE ISLE DRIVE			83		_			.
	01				011-			85 Zip Co	
COCO	NUT GROVE FL 33133-4102	•		84	City		FL]	anging its re	gistered
11. Pursuant to	the provisions of Sections of State	of Florida, Such ch	nange was autho 07.0505, Florida	Statutes.					
I1. Pursuant to office or reg agent. I am SIGNATURE	request required ag	ent and little if applicable.	(NOTE: Res	distelled After	nt signature require	coration submits this statement for the on's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIKECTOR	S IN 12
SIGNATURE _	request required ag	pent and title if applicable.	(NOTE: Reg	13.	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	S IN 12
SIGNATURE 5	Signature, typed or printed name of registered ag OFFICERS A	pent and title if applicable.	(NOTE: Res	13. 1.1 TITLE	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIKECTOR	S IN 12
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14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual 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 of the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: