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India Place of Business     Malling Address       BY W & ST.     BZS NW & ST.       NH FL 33165     DO HOT WRITE IN THIS SPACE       2. Data Incorported or Qualified     Q3Q5/1980       Principal Place of Business     Z. Maling Address       2. Maling Address     4. FEI Number       3. Data Incorported or Qualified     Q3Q5/1980       Principal Place of Business     Z. Maling Address       3. Data Incorported or Qualified     SS 75, 4246mang       3. Data Incorported or Qualified     SS 75, 4246mang       3. Data Incorported or Qualified     SS 75, 4246mang       20p     Country     Zip       20p     Country     Zip <t< th=""><th>Corporation</th><th>Name</th><th>1</th><th></th><th></th><th></th><th></th><th></th></t<>	Corporation	Name	1					
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Thread     South     20     South     59-2114770     Text Applicable       Southa, Apt. R, etc.     71     Southa, Apt. R, etc.     72     Southa, Apt. R, etc.     72<						3. Date Incorporated or Qualifed	IS SPACE	
Suite, Apt. #, etc	Principal Pl	ace of Business		355				<u> </u>
21       Excertication       S. Certication       S. Certication       S. Solution         City & State       City & State       City & State       S. Solution       S. Solution       S. Solution       S. Solution       S. Solution       Addee to Fees         Zip       Country       Zip       Country       Inst comparison Property Tax.       New Inst Fund Contribution       Addee to Fees         Zip       23       30       Personal Property Tax.       New Inst Fund Contribution       New Inst Fund Contribution         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Inst Fund Contribution       New Inst Fund Contribution         200       Country       E       Strest Address (P.O. Box Number is Not Acceptable)         3296 NW. 64 ST.       33       Strest Address (P.O. Box Number is Not Acceptable)         3206 NW. 64 ST.       33       Strest Address (P.O. Box Number is Not Acceptable)         300 The Control of Strest Address (P.O. Box Number is Not Acceptable)       Strest Address (P.O. Box Number is Not Acceptable)         301 Control of Strest Address (P.O. Box Number is Not Acceptable)       Strest Address (P.O. Box Number is Not Acceptable)         301 Control of Strest Address (P.O. Box Number is Not Acceptable)       Strest Address (P.O. Box Number is Not Acceptable)         301 Control of Strest Address (P.O. Box Numb	Suite. Apt. :	#, etc.		etc.			1	
Adde to Fees     Trust Fund Contribution     Addet to Fees       2p     Country     Zp     Country     8. This coponation owes the current year intengible     Interview of the current year intengible       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       DE MEZA, ANABEL     22 Street Address (P.O. Box Number is Not Acceptable)     33       B206 N.W. 64 ST.     33       MIAMI FL 33166     33       6     City     FL       8. The coponation submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submits its statement for the purpose of changing its registered agent, or bohn, the State of Florida Statutuse, submit its registered agent, or bohn, the State of Florida Statutuse, submit agent agent, or bohn, the state of Florida Statutuse, submit agent agent, or bohn, the state of Florida Statutuse, submit agent, agent, agent agent, agent agent, agent agent, agent agent agent	- <u></u>			<u> </u>				<u> </u>
Image and Address of Current Registered Agent       Image and Address of New Registered Agent       Image and Address of New Registered Agent         0. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         DE MEZA, ANABEL       S268 N.W. 64 ST.       81       Name       82       Street Address (P.O. Box Number is Not Acceptable)         B3       84       City       FL       65       Zip Code         Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. of both is State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. of both is statement for the purpose of changing is registered agent. I the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I the State of Florida. Such change was authorized to an monthing.       DME         NATURE       Immediate with and accept the displations of section 607.0502, Florida Statutes.       13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 13.         NATURE       DE MEZA, ANABEL       Immediate with and and the registered agent. I the purpose of change I addres agent. I the I the purpose of change I addres agent. I the I the purposes of the registered agent. I the I the Immediate agent. I the I the Immediate I agent. I the I the Immediate I addres agent. I the I the Immediate I addres agent. I the I the Immediate I addres			28		Country		Added to	
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DE MEZA, ANABEL 8236 N.W. 64 ST. MIAMI FL 33166			ent Registered Agent			10. Name and Address of New Registere	d Agent	
PLustant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes.  NATURE  Signature, typed or phild made frequent and the if applicable  OFFICERS AND DIRECTORS  I 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS I 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  E DD MEZA, ANABEL I 12.NWE E ADDES 236 NW 64 STR I 13. STREFT ADDESS E VD E MEZA, MANUEL E VD E MEZA, MANUEL E VD E VD I DELETE I TITLE I 1.007/51.29  MIAMI FL I 2.000 I DELETE I 11TLE I 2.000ESS I I I 2.000ESS I I I I I I I I I I I I I I I I I I I	8296	N.W. 64 ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
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E       62 NAME         IEET ADDRESS       63 STREET ADDRESS         (-ST-ZIP       64 CTY-ST-ZIP         . 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 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	office or re agent. 1 ai GNATURE 	agistered agent, or both, in the Stat n familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A PD DE MEZA, ANABEL 8296 NW 64 STR MIAMI FL VD MEZA, MANUEL 8296 NW 64 STR VSD BUSTAMANTE, PATRICIA 8296 NW 64 STR	e of Florida. Such chang jations of, Section 607.0 gent and title if applicable. IND DIRECTORS	Je was authon;           1505, Florida S           (NOTE: Registress of the second secon	Zed by the corporative require tatutes.  ared Agent signature require  3.  1 TITLE 2 NAME 3 STREET ADORESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADORESS 4. CITY-ST-ZIP 1 TITLE 3 STREET ADORESS 4. CITY-S	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ed when reinstating) DATE	of changing its pointment as req AND DIRECTO Change	RS IN 12 Additio
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