PR(CORPO	DFIT DRATION REPORT	FLORIDA Sa	1 IS \$550.00 DEPARTMENT OF STAT Indra B. Mortham Secretary of State	TE	FIL Jan 14 199	97 8:00am
1997		DIVISIO	DIVISION OF CORPORATIONS		Secretary of State	
Corporation Nar M.A. SCHO	ENT # 66284	0 (8))		- 	
incipal Place of Business Mailing Address						
Principal Place of Business Mailing Address 09 NE 95 ST #3 209 NE 95 ST #3 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138-2745						
					3. Date Incorporated or Qualified 05/28/1980	3a. Date of Last Report 01/25/1996
Principal Place		2a. Mailing Addre	355 .		4. FEI Number 59-2020662	Applied For Not Applicable
Suite, Apt. #, eti		Suite, Apt. #,	etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	·	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
 Zip]	Country	Zip 29	Country		8. This corporation has liability for	
9.	Name and Address of Curr				10. Name and Address of New R	
	MAN, M.A. . 95TH ST.			ame	·	· · · · · · · · · · · · · · · · · · ·
SUITE 3			82 St	reet Addre:	ss (P.O. Box Number is Not Accepta	ble)
miami fi	L 33238		83			
			84 Ci	ty .		FI 85 Zip Code
1. Pursuant to the office or regist	e provisions of Sections 607.0 tered agent, or both, in the Sta miliar with, and accept the ob	502 and 607 1508, Florid ate of Florida, Such chang	a Statutes, the above-na ge was authorized by the	med córpo corporatio	ration submits this statement for the	purpose of changing its registered
	miliar with, and accept the ob	ligations of, Section 607.0	505, Florida Statutes.		It's board of directors. Thereby acce	, pr ma appointinent as registered
IGNATURE	ture, typed or printed name of registered	agent and the if applicable	(NOTE: Régistered Agent sig			
IGNATURE Signat	rure, typed of printed name of registered OFFICERS A	egent and site if applicable	(NOTE: Registered Agent sig			CERS AND DIRECTORS IN 12
IGNATURE Signat	nure, typed of printed name of registered OFFICERS A D CHOFMAN, M.A.	egent and strelif applicable AND DIRECTORS	(NOTE: Registered Agent sig		when reinstating)	DATE
GNATURE Signar 2. I.E PC ME SC REET ADDRESS 20	Ture, typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3	egent and strelif applicable AND DIRECTORS	(NOTE: Régistered Agent sig 13. ETE 1.1 TITLE	nature requited	when reinstating)	CERS AND DIRECTORS IN 12
GNATURE Signat 2. ILE PE ME SC REET ADDRESS 20 IY-ST-ZIP MI	nure, typed of printed name of registered OFFICERS A D CHOFMAN, M.A.	egent and stre if applicable AND DIRECTORS	(NOTE: Régistered Agent sig 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-2IF	nature required	when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
GNATURE Signal 2. TLE PC ME SC REET ADDRESS 20 TY-ST-ZIP ML TLE ISIG	Ture, typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3	egent and strelif applicable AND DIRECTORS	(NOTE: Régistered Agent etg 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDE 1.4 CITY-ST-ZIF	nature required	when reinstating)	CERS AND DIRECTORS IN 12
GNATURE Signar 2 TLE PC ME SC REET ADDRESS 20	Ture, typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3	egent and stre if applicable AND DIRECTORS	(NOTE: Régistered Agent sig 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-2IF LETE 2.1 TITLE	Inaturé requités	when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
GNATURE Signal 2. Signal TLE PE ME SC REET ADDRESS 20 TY-ST-ZIP ML LE ME REET ADDRESS Image: State	Indre. Typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3 IAMI FL	egent and stre if applicable AND DIRECTORS DEI DEI	(NOTE: Régistered Agent sig 13. LETE 1.7 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-2IF 2.1 TITLE 2.2 NAME 2.3 STREET ADDF 2.4 QITY-ST-2II 2.4 QITY-ST-2II		when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
GNATURE Signal 2. Signal CLE PE ME SC PEET ADDRESS 20 TY-ST-ZIP ML LE MKE	Indre. Typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3 IAMI FL	egent and stre if applicable AND DIRECTORS	(NOTE: Régistered Agent sig 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-2IF ETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDF 2.4 CITY-ST-2II 2.4 CITY-ST-2II		when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
GNATURE Signal 2. Signal TLE PE ME SC PRET ADDRESS 20 MIL MIL LE MIL REET ADDRESS MIL TY-ST-ZIP MIL LE FEET ADDRESS MVE MIL	Indre. Typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3 IAMI FL	egent and stre if applicable AND DIRECTORS DEI DEI	(NOTE: Régistered Agent sig 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 OITY-ST-2IF LETE 2.1 TITLE 2.2 NAME .23 STREET ADDI 2.1 TITLE 2.2 NAME .23 STREET ADDI 2.4 QITY-ST-2IF ETE 3.1 TITLE		when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
GNATURE Signal 2. Signal TLE PE ME SC REET ADDRESS 20 TY-ST-ZIP MI LE MI REET ADDRESS MI TY-ST-ZIP MI LE MI REET ADDRESS TY-ST-ZIP ILE MI REET ADDRESS TY-ST-ZIP ME MI TY-ST-ZIP TY-ST-ZIP	Indre. Typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3 IAMI FL	egent and stre if applicable AND DIRECTORS DEI DEI DEI	(NOTE: Régistered Agent sig 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 OITY-ST-2IF 2.1 TITLE 2.2 NAME 2.2 STREET ADDF 2.4 OITY-ST-2II STREET ADDF 2.4 OITY-ST-2II 3.1 TITLE 3.2 NAME 3.3 STREET ADDF 3.4 OITY-ST-2II 3.4 OITY-ST-2II		when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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Signat Signat LE PL ME SC NEET ADDRESS 20 Y-ST-ZIP MI LE ME NE SC NET ADDRESS 20 Y-ST-ZIP MI LE NE NET ADDRESS Y-ST-ZIP LE NE NET ADDRESS Y-ST-ZIP LE NE V-ST-ZIP LE ME ME	Indre. Typed of printed name of registered OFFICERS A D CHOFMAN, M.A. 19 N.E. 95TH ST., SUITE 3 IAMI FL	egent and stre if applicable AND DIRECTORS DEI DEI DEI	(NOTE: Régistered Agent sig 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 OITY-ST-2IF 2.1 TITLE 2.2 NAME 2.2 STREET ADDF 2.4 OITY-ST-2II STREET ADDF 2.4 OITY-ST-2II 3.1 TITLE 3.2 NAME 3.3 STREET ADDF 3.4 OITY-ST-2II 3.4 OITY-ST-2II		when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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