PRODUCE Place of Business 1998 IBSACHE ROYS 2, PRICE AND Place of Business 2, Price and First Land ROYS 2, Price and R	DOCUI	MENT # 678316 ery realty corp.	NESS REPOI	RT (UBR	May 01, 2001 08:00 AM Secretary of State
Suite, Apt. F, etc. Copy A, State	19501 BISCAY SUITE 400/ATT AVENTURA	NE BLVD. IN: LEGAL DEPT. FL	19501 BISCAYNE BLVD. SUITE 400/ATTN: LEGAL DEPT. AVENTURA		
City & State City & State City & State City & State S. A. FEI Number S. Political Formation	2. Principal P	face of Business	3. Mailing Address		-
SOUNTE 49 S. Name and Address of Current Registered Agent F. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent F.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. STRATURE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. STRATURE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. STRATURE 8. The above named entity submits in intangles. 8. This corporation is eligible to startly its intangles. 8. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 8. STRATURE IN THE NOVILLE 400 and an agreement of the state of Florida. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is eligible to startly its intangles. 9. This corporation is e	City & State	е	City & State		50 0005560
Name	Zip 	Country	Zip	Country	
MARIO A SISTE INSCANDER BLVD. SISTE 160 AVENTURA 33180 US City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City City City FL Zip Code City C		6. Name and Address of Current R	egistered Agent	Name	
SIGNATURE 9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE MARIO A. ROMINE STORMAN BORD OF JUNE 1 The appearance of the Paragraph of the Paragraph of the State of Florida. 9. This corporation is eligible to seatily its Intangible in Take Interngible of the Paragraph of the Paragraph of the State of Florida. 9. This corporation is eligible to seatily its Intangible in Take Interngible in the Paragraph of the Paragraph of the Paragraph of the Paragraph of the State of Florida. 9. This corporation is eligible to seatily its Intangible in Application of the Paragraph of the Para	19501 BISC.		·		
SIGNATURE MARIO A. ROMINE Signature, hiped or prived durin of registered appex and the 3 septication. (NOTE Registered Agent signature required when releasing): (See criteria on back) (See criteria on back of b				City	FL Zip Code
TITLE V Change Delete NAME NAME Change Addition Delete NAME NAME CITY-ST-ZIP NAME	9. This corpo	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!!	FEE IS \$150.0 1 Fee will be \$55	DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2P TITLE VAYENTURA FL 33180 CITY-ST-2P TITLE VAYENTURA FL 331	11.		IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS CITY-ST-ZIP 1950 BISCAYNE BLVD., SUITE 400 AVENTURA FL 33180 CITY-ST-ZIP TITLE RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUME STREET ADDRESS CITY-ST-ZIP TITLE RUME RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUME RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUME STREET ADDRESS CITY-ST-ZIP TITLE RUME STREET ADDRESS CITY-ST-ZIP TITLE RUME RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUME STREET ADDRESS CITY-ST-ZIP TITLE RUME RUMPZA AVENTURA FL 33180 CITY-ST-ZIP TITLE RUME STREET ADDRESS CITY-ST-ZIP TITLE RUME RUMPZA STREET ADDRESS CITY-ST-ZIP TITLE RUMPZA STREET ADDRESS CIT	NAME STREET ADDRESS	KESSLER EUGENE 19501 BISCAYNE BLVD., SUITE 400		NAME STREET ADDRESS	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Jeffrey Soffer Mgr 05/01/2001	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	_ , _
NAME STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	
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Date

Daytime Phone #