2000	ONIFORM BOSI	NESS KEPUI	ii (OBI	N ,				
DOCUMENT # 689041 1. Entity Name					FILED Feb 01, 2000 8:00 am			
M.U. ANI	D G.E. INVESTMENT CO.				Sec	cretary 01-2000 90128	of Sta	ate
Principal Place	e of Business	Mailing Address			· ·	JI 2000 JOI20	3021 130	
1000 PONCE DE	E LEON BLVD	1000 PONCE DE LEON BLVD						
SUITE 333 CORAL GABLES US	6 FL 33134	SUITE 333 CORAL GABLES FL 33134-330 US	0		4 1007(3 6110) 10	 141 1414 (HIT (HIT 141)	, Nove o Hatabana ana ana ana ana	21 010 12 010 21 2001
1105/6	lace of Business	3. Mailing Address	oral PKU	oy E				
Suite, Apt.	#, etc. +e C	Suite, Apt. #, etc.				DO NOT WRITE (IN THIS SPACE	
City & State	Coral FL	City & State Cova			4. FEI Number	59-2034209		Applied For Not Applies hits
339	Country 6. Name and Address of Current F	33904	Country		5. Certificate of St 7. Name and Add		Fee Req	Additional quired
	o. Hame and Advisor of Carlotte	- Inglatoros rigotic	Name			Dright	£59.	
BOETTCHER, KLAUS 1000 PONCE DE LEON BLVD SUITE 333 Christine F. Wright Esq. Street Address (P.O. Box Number is Not Academble) 105 Cope Coral Philoly E								
	E 333 AL GABLES FL 33134		City	ute	0		FL Zip.	Code
0 The share		the purpose of changing its re	ر کے ا	ape	<u>Cora</u>			33704
8. The above	named entity/submits this statement for	the surpose of changing asire	gistered office of	·	d agent, or both, in	the state of monda	1/-/	' -2
SIGNATURE (Signature by Stor printed name of registered agent a	of tilly if applicable (NOTE: R	Registered Agen signat	ure required w	vhen reinstating)		(1) 7/ (DATE	<u>00</u>
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.	00	10 Flection	n Campaign Financ	cina 🕏	E 00 11
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee w Make Check Payable to Dep					Trust Fu	and Contribution.		5.00 May Be dded to Fees
11.	OFFICERS AND (12.		ı	NGES TO OFFICE	ERS AND DIRECT	4 .
TITLE	PVST BOETTCHER, KLAUS	Delete	TITLE NAME	DAST		~	☐ Char	nge 🔽 Addition
NAME STREET ADDRESS	1000 PONCE DE LEON BLVD 33	3	STREET ADDRESS	Dryg	Ke, Guli Reiski-Ai	ie 118/17	> I	
CITY-ST-ZIP	CORAL GABLES FL	<u> </u>	6117-51-21P	જિલ્લ	\$77 Mun	ich 6	BLWERL	U
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NAME .	:		NAME				_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
13. Thereby o	certify that the information supplied with	this filing does not qualify for the	ne exemption sta	ted in Sec	tion 119.07(3)(i), FI	orida Statutes. I fu	irther certify that	the information
indicated of the corp changed	on this report or supplemental report is poration or the receiver or frustee empo or on an attachment with an addiss	true and accurate and that my wered to execute this report as its at other like expowered.	signature shall h required by Cha	ave the sa apter 607,	ame iegai effect as Florida Statutes; ar	ii made under oath id that my name a	n; that I am an off ppears in Block 1	11 or Block 12 if
		Control integraphic road.	Pila	<i>1</i> , _1	,	1/2-/2-	0.11.5	M7
SIGNAT	URE: SIGNATURE AND TYPES OR PE	RINTED MANE OF SIGNING OFFICER OF	DIRECTOR C	547	_ /	pate 1100	Oaytime Phor	(<i>U /CO</i>)
				, 0	<u> </u>			