2001 UNIFORM BUS	INESS DEDA	DT /IIDD	AMBNIDED
DOCUMENT# 1. Entity Name GOD EUJIN	707493 Hugura, In	c · A Gombon	UN SLORE TARY OF STATE OF VISION OF CORPORATIONS
			01 OCT 15 PM 5: 36
Principal Place of Business  QUE EUCLIO AUE HALL  MIMMI BEACH TA  3313	Mailing Address Spm F	·	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	<u></u>	4. FEI Number  4. FI Number  Applied For  Not Applicable
Zip 33139 Mi An - Dark	33139	Country V.S.A	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name			
9/24/2001. Open Euclin Ave MB. Fl.			ress (P.O. Box Numbers Not Action Unit 14
in intag des en	33/39		Mlami Beach, FL 33139 (305) 531-0660
8. The above named entity submits this statement for		City	FL Zip Code
SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Trust Fund Contribution.  55.00 May Be Added to Fees  Department of State			
10. OFFICERS AND DI	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
STREET AUURESS NO.14 O - 15 TO	1 Delete 900 EUYWAZE 4. 3313 9	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONRAD SALAZAR PRESIDENT & Change Addition  GOSEULIN ALL MR. F.A. Apt V2  33/89
TITLE VICE PRESIDENTE ORO	1/5 m2 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT + BIRECTOR XI Change Addition TOSE INBRATO  900 EUCLIA AVE. VALLOZ, NB. Fl. 33139
TITLE NAME  SELECTION TO THE LAND  SELECTION TO MAKE	The Delete	TITLE NAME	Guiltano Upsta Sen Ara W Change Addition
STREET ADDRESS DETS PLANES CITY-ST-ZIP CODE GUID RUE UN	11/2. mpFl33/139	STREET ADDRESS CITY-ST-ZIP	MB- Fla 35139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - DIRECTOR - REJASE - Addition Louis R. Beller 900 Euclid DE HH14 33138
TITLE . NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIVAIA RODRIGUEL DIRECTOR MADDITION
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. 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 paresule this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with maddless, with all there like empowered.  SIGNATURE:			