	RPORATION STATEMENT		Kat Sec	EPARTMEN therine Ha cretary of S	tate	مت نیم ا		TL PNT 2: 1 HARY OF STAT	
1. Corpora 2. Principa 12-A Suite, Apt. # City & State Boc A Zio	A SSO A SSO NOFFICE Address 2 WW 12 4, etc.	FL.	INC.	DUDDUZ Address 12-	DIADI 12 NW 14th	4. Date Incorp To Do Busi 5. FEI Numbe	STATE porated or Qualified ness in Florida	MENT (4 2 76	pplied For Iot Applicable
- <u>-</u> -	486	<u>USA</u>	33486	-) S.A. of Current Register	CERTIFICATE		S8.75 Addition for a Certific	ate of Status
	Suite, Apt. #, Etc. City	Boca	NW	14th st			State Zip Co FL 33	* * * * * * * * * * * * * *	011 *858.7 -
8. I, being Signature of Registered /	F	ered agent of the abov	GISTERED AGENT	<u> </u>	rith and accept the of	ligations of sectio	on 607.0505 or 617. Date2	0503, F.S.	
9. Names	and Street Addresse	es of Each Officer and	/or Director (Florida	nonprofit corpo	rations must list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each , Officer and/or Director				City / State / Zip	
Pres	CIARY BETHEN			1242 NW 14th st.			Boca Rator, F. 33486		
SecylTress PATRICIA Saffe				= 23415 Rio Del Mar Dr.			Boca K		33486
Dir	-CHaple	te Jour	<u>50N</u>	23445	Rio Del	Mar Da	Boca		33486
10, I certify	nstatement applicatio	or director or the receip on, the reason for disso	lution has been elin	ninated, the cord	orate name satisfies	the requirements	of section 607.0401	. I further certify that v or 617.0401, F.S., th (i), F.S. The informatio	at all fees
owed h				HOLOG OFFICING 100	m go not quality for a	III exemption unde	a section 119.07(3)	 F.S. The informatio 	n indicated