FILED Mar 30, 2001 8:00 am 8 Secretary of State

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Principal Pla	ce of Busines	is	Mailing Address	lailing Address							
6565 RED RE MIAMI FL 331 US	Place of Business e . #, etc.		6565 RED RD. Miami Fl 33143 US		639385						
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2. Principal Place of Business			3. Mailing Address					SI SION DIS			
Suite, Apt. #, etc.			Same Suite, Apt. #, etc.			-	DO NOT WRITE	IN THIS SE	PACE		
City & Stor			City P. Canto			4 551 November			T 17	Sanlind For	
City & State Miami, FL			City & State Miami, FL			4. FEI Number 59-0791020				Applied For Not Applicable	
Zìp		Country	Zip	Count	•	5. Certificate	of Status Desired		8.75 A		
3314	3 6. Name	USA and Address of Current R	33143 [<u> </u>	SA	7. Name and	Address of New Reg		ee Requir sent	ed	
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		Pou Mich	nol 型 Untobe	22502	Street Addres						
BURKE, MARTA L Rev. Michael T. Hutcherson Street Address 8104 SW 102 ST								· <u> </u>			
MIAMI FL 33563 33156								Zip Co			
\sim			City					FL	ZID CO		
8. The above	e named entity	y sylomits this statement for	the purpose of changing its	registered	office or regis	stered agent, or both	n, in the state of Florid	a.		ĺ	
	11	rea. Mal.	Oct								
SIGNATURE Julia Signatural/yeed or printed war by registered agent and title if applicable, (NOTE:							January		1		
	Signatur typed	or printed man or registered agent ar	nd title if applicable. (NOTE:	: Hegistered A	gent signature requ	ired when reinstating)		DATE			
	1		,								
		NOW: \$61.25	9. Election Campaign Trust Fund Contribu	-	~~	i.00 May Be ded to Fees		Check Partment o	-	0	
10.	FEE IS		Trust Fund Contribu	-	~~	ded to Fees		rtment c	f State	N 10	
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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 of trustee empowered to execute 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 667-7508

Date

Daytime Phone #