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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NC	NPROFIT	ATTE	FLORIDA DEPA	DTMENT (	NE OTATE		1 11.		
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WUNU (	OF LIFE MINIS	INIES, INC.				- {	L GRACH LOUIL DIOLD HOLDE SHAR MINDS THAT	<b>                                    </b>	
Principal Plac	e of Business		Malling Address				1 102111 10314 B1010 1011B1 (1101 014)	isati BiBis BiBil BiBil	- 1-11 BIE 11 1-41
121 S. 3RD S	ST.		P.O. BOX 2873				3. Date Incorporated or Qualified		
GRANTS NM US	87021		Milan NM 87021 US			ļ	10/16/1979	······································	
00	, 1 		•			}	4. FEI Number 59-2673468	<del></del>	pplied For
2. Principal P	Place of Business		2a. Mailing Address		<del></del>		V-	/	lot Applicable Additional
21 1001	W. Santa	Fe ave.	26				5. Certificate of Status Desired		lequired
Suite, Apt.	#, •lc.		Sulte, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
City & Stat	ta .		27 City & State				Trust Fund Contribution	Added t	
23 Gran		mexico	28			- (	7. Is this nonprofit corporation a homeo		)
Zip		puntry	Zip	Count	ry		B. This corporation owes or has paid the		
24 870		USA	29	30			Personal Property Tax due June 30.	Yes L	_No N/A
	a. Name and A	ddress of Current R	egistered Agent		1 Name		10. Name and Address of New Registe	ereu Agent	
KITCHENS	S, J. WEDRELL			-	2 Street	Address	s (P.O. Box Number is Not Acceptable)		{
RT. 2 BOX 3851					311001	Audios	s (F.O. Bux Humber is Not Acceptable)		
O'BRIEN I	FL 32071			8	13				
				je	4 City			FL 85 Zip	Code
11. Pursuant t	to the provisions of s	ections 617,0502 and	617,1508, Florida Statutes	the above	-nemed co	moratio	n submits this statement for the purpose o	f changing its rec	distered
office or re	egi <b>ste</b> red agent, or t	oth, in the State of Fi	lorida. Such change was at	ithorized by	the corpo	rporatio ration's	n submits this statement for the purpose o board of directors. I hereby accept the ap	f changing its reg pointment as reg	pletered pletered
office or re agent. I ar	egistered agent, or t m familiar with, and	ooth, in the State of Fi accept the obligation	lorida. Such change was at s of, section 617.0503, Flor	ithorized by Ida Statute	the corpo	oration's	board of directors. I hereby accept the ap	ppointment as reg	gistered gistered
office or re agent. I ar SIGNATURE	egistered agent, or t m familiar with, and	name of registered agent and	lorida. Such change was at s of, section 617.0503, Flor d title if applicable. (NO	ithorized by Ida Statute	the corpo	oration's	board of directors. I hereby accept the ap	regional de reg	alstered
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