|   |                             |  | ni (VBA   | •,         |  |  |
|---|-----------------------------|--|---|------------|--|--|
| DOCUMENT #  1. Entity Name  | . ,                         | 4  |   |            | FILED  | ·  |
| Carnel at the Cal   | lifernia C                  | lub Condom r   | nium "E   | 3"         | SECRETARY OF STATE DIVISION OF CORPORATIONS  |  |
| Principal Place of Business   |                             | Mailing Address  | <u> </u>  |            | 01 APR 26 PM 1:56  |  |
| agoi simms 5  | reet                        | D.C.I<br>8901 Simm.,   | Street.   |            |  |  |
| Hollywood, FC   | 33420                       | Hollywood, =   | L 33000   |            |  |  |
| 2. Principal Place of Business  | ling St.                    | 3. Mailing Address Jan   | cling S-  | 4.         | REINSTATEMENT 97   | 0  |
| Suite, Apt. #, etc. SUITE 200   | J                           | Suite, Apt. #, etc.  |   |            |  |  |
| City & State Holy (2000)  | buntry                      | Hollywoc'c   | Country C   |            | 4. FEI Number - 33399 35 Applied Not Appl  | licable  |
| 3302/0  | US ddress of Current Re     | 3302U  | <u> </u>  |            | 5. Certificate of Status Desired   |  |
|   | marken                      | 5.12 6/  | Name  |            |  |  |
| 2035 H  | St.                         | Street Address (P.O. Box Number is Not Acceptable)   |   |            |  |  |
| guite   | 200<br>xod,713              | <b>~0</b> 20   |   |            |  |  |
|   |                             |  | City  | -          | FL Zip Code  |  |
| 8. The above named entity submi   | its this statement for th   | ne purpose of changing its re  | egistered office or re  | egistered  | d agent, or both, in the state of Florida.   |  |
| SIGNATURE   | h                           |  |   |            | 3/5/01   | _  |
| Signature, typed or printed   | name of regulated agent and | title if applicable. (NOTE R   | Registered Agent signature  | required w | hen reinstating) / DATE  | e Galeriania and   |
| FILE NOW:   | V.                          | 9. Election Campaign F   | ` —   | \$5.00     | May Be Make Check Payable to   |  |
|   | 5                           | Trust Fund Contribution  | on. LJ  | Added t    |  |  |
|   | 5<br>DFFICERS AND DIREC     |  | 11.   |            |  |  |
| 10. (C)   | DFFICERS AND DIREC          | CTORS  | 11.   |            | Department of State  DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   | Addition   |
| 10.  TITLE PD  NAME PUC YOUR  | OFFICERS AND DIRECT         | OVE Delete   | 11.<br>TITLE<br>NAME  |            | DEPARTMENT OF State DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   | Addition   |
| 10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP N. MG   | OFFICERS AND DIRECT         | CTORS  | 11.   | AC         | Department of State  DOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change  | ,0,100   |
| 10. TITLE PD MICHAEL PROPERTY OF THE PROPERTY | OFFICERS AND DIRECT         | OVE Delete   | 11. TITLE NAME STREET ADDRESS   |            | Department of State  DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change   | Addition   |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP N. MOO  | OFFICERS AND DIRECT         | OVE Delete  54.40+108  33179   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | AC         | Department of State  Dittions/Changes to Officers and Directors in 10  Change  Change  Change  700004193427  -05/11/01-01001-008   | Addition   |
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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 dark 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 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.

\*\*GNATURE:\*\*

\*\*GNATURE:\*\*

\*\*CONTROL OF THE INTERIOR OF THE