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1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 817420

(3)

FILED May 08 1997 8:00am Secretary of State

SGS U.I Principal Place 291 FAIRFIELD FAIRFIELD NJ	AVE	Mailing Address 42 BROADWAY 20TH FLR NEW YORK NY 10004-16 US	339	, , , , , , , , , , , , , , , , , , , 		3. Date Incorporated or			ite of Last	
-10						10/16/1963		08/	13/199	5
t. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 22-1348630			h	Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.				EE 1010000				Not Applicable Additional
		27				6. Certificate of Status D	esired			Required
City & State	υ	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Fir	nancing		\$5.0	0 May Be
		28				Trust Fund Contribution			Adde	d to Fees
Zip	Country	Z ip	<u> </u>	untry		8. This corporation has li		tangible Yes [s. 199.032,
	25 9. Name and Address of Curre		30	Τ'''		Florida Statutes 10. Name and Address of				
CT	CORPORATION SYSTEM	on together together		81	Name	(0) 1101/10 4110 112-1711				
	O S. PINE ISLAND ROAD			62	Change and a	ess (P.O. Box Number is Not	Anne-1-1-1	~)		
PLA	INTATION FL 33324			02	olider Yadie	iss (r.u. box number is no l	Acceptable	e)		
				83	·····	- <u> </u>				
				84	City				85 Z	p Code
				1-1	Ony.			FL	100 -	p 2000
	to the provisions of Sections 607.05 registered agent, or both, in the Stat in familiar with, and accept the obli	502 and 607.1508, Florida State te of Florida. Such change was gations of, Section 607.0505, F	utes, the a authorize forida Sta	bove-red by the	named corpo he corporation	oration submits this statement on's board of directors. I her	nt for the pureby accept		changing ointment	j its registered as registered
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information indicated on this annual report or a t am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or scurp innental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name n ayachment with an address.

SIGNATURE:

REQUIRED WTED NAME OF SIGNING OFFICER OR DIRECTOR