2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A9600001578 SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 1. Entity Name THE S-T FAMILY LIMITED PARTNERSHIP 00 JUN 29 PM 1: 29 Mailing Address Principal Place of Business 4655 S.W. 74TH AVENUE 4655 S.W. 74TH AVENUE MIAMI FL 33155-4411 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0687285 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, HOWARD F Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD., SUITE 870 MIAMI FL 33161 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$99,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE: NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12 GENERAL PARTNER INFORMATION 13. P96000069211 **700<u>00331611</u>7--**-07/07/00--01045--003 DOCUMENT# STREET ADDRESS POLYMAX, INC. NAME 4655 S.W. 74TH AVENUE ****437.50 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-7P STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .: DOCUMENT #_ STREET ADORESS ****88.75 STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT STREET ADDRESS NAME

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by Chapter 620. Florida Statutes

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5.5.00

<u> 305-264-90</u>

Daytime Phone #