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F-4	PROFIT	FLORIDA DEPARTI			
200	RPORATION	Sandra B. Secretary	**	GI IIIN 19 PM 4: 02	ر. تــــــــــــــــــــــــــــــــــــ
, , ,	OBY	DIVISION OF CO	RPORATIONS	OF COLUMN	
DOCU 1. Corporation	MENT # F3	7686	7.00	SECRETARY OF STORE WILLAHASSEE, FLORIDA	<u></u>
A.	RMANDOS/	twildnes,	ANC		7
Octobria (Obs					<i>5.</i>
306	or of Business	Mailing Address 306//	PACDA H	The things of the same of the	- گئے۔
Cono	of Gables F	Da CORAC	Gable	DO NOT WRITE IN THIS SPACE	<u> </u>
	3134	<u> </u>	3134	3. Date incorporated or Qualified 5 - 19 - 8	
21 30	CINACDA AUR	2a. Mailing Address 26 306/10	TUA AU	$(B_{1}, B_{2}, B_{3}, A_{3}, A_{3}, B_{3}, B_{4},	od For policable
Suite, Apt.		Suite, Apt. #, etc.	4	5. Certificate of Status Desired \$8.75 Addition Fee Requirements	
City-& Sta	PAC GABLES PLA	City & State	alls Fe	6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip33	134 Country 51	29 3 3/3 4 3	Country 5	8. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30.	
11	9. Name and Address of Current	7	81 Name	10. Name and Address of New Registered Agent	
171	CLARCA A	ANTAYA	82 Street A	ddress (PQ, Box Number is Not Acceptable)	1/4
120		=0	83	O WHENA INC	
Lon	Al Galles of	la 33/3/	1166	ORAL GAB/BFL 85 ZID COOK	34
11. Pursuant office or appent 1 a	to the provisions of Sections 607.0502 registered agent, or both, in the State of sm familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was aut ons of Section 607.0505. Plorid	the above-named of the coupon the	orporation submits this statement for the purpose of changing its re- pration's board of directors. I hereby accept the appointment as regis	gistéred stered
SIGNATURE	Agriature. typed or printed name of registered agent	Martaux	registered Agent signature in	20 // Cont +//00 -30-0/	_
12.	OFFICERS AND	DIRECTORS /	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME	HRMANDO H	CARTAYA	1.1 TITLE 1.2 NAME	Change L.	J Addition
STREET ADDRESS CITY-ST-ZIP	3,0 GIRAGDA, PO	Aug 33/36	1.3 STREET ADDRESS		
TITLE	CO100 30.000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	900004483799	Addition
NAME STREET ADDRESS.		- ಒ ಂದು ನಟ್ಟಿಗಳು - ೨ ಅ	2.2 NAME 2.3 STREET ADDRESS		}_ `
CITY-ST-ZIP TITLE	·	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Addition
NAME CYRCET +RRDSCOO			3.2 NAME	1	-
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZiP		
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME	☐ Change ☐	Addition
STREET ADDRESS			4.3 STREET ADORESS		
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NAME STREET ADDRESS	,		5.2 NAME	:	
CITY - ST - ZIP			5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME	Change :	Addition
STREET ADDRESS			6.3 STREET ADDRESS	mal	
CITY-ST-ZIP 14. I hereby indicated	certify that the information supplied with	this filing does not qualify for t	6.4 CITY-ST-ZIP The exemption stated	d in Section 119.07(3)(i). Florida Statutes: I further certify that the info	ormation
officer or Block 12	director of the corporation or the receiver Block 13 if changed, or on an attach	er or trustee empowered to exe	ecute this report as r	ature shall have the same legal effect as if made under oath; that I a equired by Chapter 607, Florida Statutes; and that my name appear	's in

SIGNATURE Monumolo & Cartago