Concent Name	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	Kath Secre	PARTMENT OF STATE erine Harris etary of State OF CORPORATIONS	FILE Mar 04, 199 Secretary 03-04-1999 90024 0	99 8:00 an of State
Open Place of Bosiness     Name of Address       RECO ERMANCE     SSB SW 37TH AKE.       MAR IT, 33133     Mailing Address       Principal Place of Business     Za. Mailing Address       Zeit     Salata.       Do Not WRITE IN THIS SPACE       3. Data Incorporated or Qualified       OQ/11/1982       Shate.     Salata.       2010     Salata.       2011     Country       2011     Salata.       2011     Country       2011     Country       2011     Country       2011     Country       2011     Country       2012     Country       2013     Country       2014     Country       2015     Son Sanata.       2014     Country       2014     None and Address of New Registered Agent       2014     None and Address of New Registered Agent	Corporation Name			e konstan ikis olist okis inist okis inist olisi olisi sikin jain	11 82011 01811 01811 87021 01012 1801
RECO.FERMANCE2     SUBSO FERMANCE2       SN 3711 AVE.     MAIL F, 2013       A 1. 2012     DO NOT WRITE IN THIS SPACE       J. Date Incorporated or Qualified     QUITI/1982       Principal Place of Business     24. Main q Address       State. Apt. 9, etc.     27.       State. Apt. 9, etc.     27.       City & State     6. Carticate of States Desired       State. Apt. 9, etc.     27.       City & State     6. Carticate of States Desired       State. Apt. 9, etc.     27.       City & State     6. Carticate of States Desired       State. Apt. 9, etc.     27.       City & State     6. Carticate of States Desired       State. Apt. 9, etc.     28.       City & State     6. Carticate of States Desired       State. Apt. 9, etc.     28.       City & State     10. Rame and Address of New Registered Agent       FERNANDEZ, DEGO     28.       Zaber State States     28.       MAMI F, S1133     28.       Personal Part MAYE.     10. Rame and Address of New Registered Agent       FERNANDEZ, DEGO     28.       Zaber State States     29.       OFFICERS AND DIRECTORS     10.       Applied For Thankee     10.       MAMI F, S1133     21.       Corporation State State Agent and Cartificate State	ncinal Place of Business	Mailing Address			
O2/11/1982           OP/11/1982           OP/11/1982           OP/11/1982           State         Ze         Nation public for Section 2010         Nation public for Section 2010           State         Ze         State         Section 2010	DREGO FERNANDEZ 8 SW 37TH AVE. MI FL 33133	2658 SW 37TH AVE.			IIS SPACE
And of Description     20     Soute     50-2164/07     Image Applicable       Suite. Apt. #, etc.     21     Suite. Apt. #, etc.     27     State     37     State		2a Mailing Addross		02/11/1982	Applied For
City & State       27       City & State	Principal Place of Business				Not Applicable
City & State       City & State       City & State       City & State       State       State       State       State       Added to Pees         Zp       Country       Zp       Country       B.       This corporation owes the current year Intergate       Added to Pees       Added to Pees         0       Name and Address of Current Registered Agent       International Property Tax.       Market Contribution       Added to Pees         PERNANDEZ, DIEGO       2683 SW 37TH AVE.       International Address of Now Registered Agent       International Address of Now Registered Agent       International Address of Now Registered Agent         Presuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation state in entertional its registered agent, or both, in the State of Florida. Statutes, the above-named corporation state in entertional its registered agent, or both, in the State of Florida. Statutes, the above-named corporation state in entertional its registered agent, or both, in the State of Florida. State in the purpose in the interator in the statement for the pur	Suite, Apt. #, etc.			5. Certifcate of Status Desired	
Zp         Country         Zp         Country         B. This corporation owes the current var fragobie           23         29         30         10. Name and Address of Current Var fragobie         No           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           FERNANDEZ, DIEGO         255 SW 37TH AVE.         91         Name           MAMI FL 33133         42         Street Address (P.O. Box Number is Not Acceptable)           92         Street Address (P.O. Box Number is Not Acceptable)         85           92         Street Address (P.O. Box Number is Not Acceptable)         85           92         Street Address (P.O. Box Number is Not Acceptable)         85           92         Street Address (P.O. Box Number is Not Acceptable)         85           93         60         City         Etc           94         City         Etc         85           94         City         Etc         85           95         Street Address (P.O. Box Number is Not Acceptable)         85           94         City         Etc         82           95         Street Address (P.O. Box Number is Not Acceptable)         85           94         City <td< td=""><td>City &amp; State</td><td>City &amp; State</td><td></td><td></td><td></td></td<>	City & State	City & State			
S. Name and Address of Current Registered Agent     S. Name and Address of New Registered Agent     S. Street Address (P.O. Box Number is Not Acceptable)     S. Street Address (P.O. Box Number is Not Acceptable)     S. Street Address of Decimal Street Address     S. Street A		Zip			Intangible X Yes INo
FERNANDEZ, DIEGO 2658 SW 37TH AVE. MIAMI FL 33 133       92       Street Address (P.O. Box Number is Not Acceptable)         93       93       93         Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and finalities with and acceptable collegions of S. Section 607 0505. Florids Statutes.         Statutes to the provisions of Section 507 0502 and 607 1508. Florids Statutes.       000000000000000000000000000000000000			30		
Signales type of panda tasks of pandations applied with this filing does not qualify for the exemption stated in Sortion 12 00000000000000000000000000000000000	Deserved to the environment of Constinue			E CONTRACTOR OF CONTRACTOR OFO	
E       FERNANDEZ, DIEGO       12 NAVE         S61 WEST 37TH PLACE       12 NAVE         IST-ZP       HIALEAH FL       14 CTY-ST-ZP         E       T       DELETE       21 TITLE         E       FERNANDEZ, RAIMUNDO       23 STREET ADDRESS         S7.2P       MIAML FL       24 CTY-ST-ZP         E       DELETE       31 TITLE         E       S7.2P	office or registered agent, or both, in agent. I am familiar with, and accept	the State of Florida. Such change wa the obligations of, Section 607.0505,	Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
FERTIONELS, DISO       13 STREET ADDRESS         IST-ZP       HIALEAH FL       14 CTY-ST-ZP         E       T       DELETE       21 NTLE         E       FERNANDEZ, RAIMUNDO       23 STREET ADDRESS       STREET ADDRESS         ST-ZP       MIAMI FL       24 CTY-ST-ZP       Change       Addit         E       FERNANDEZ, RAIMUNDO       23 STREET ADDRESS       STREET ADDRESS         ST-ZP       MIAMI FL       Change       Addit         E       DELETE       31 TITLE       Change       Addit         E       DELETE       31 TITLE       Change       Addit         E       ST-ZP       33 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ST-ZP       24 CTY-ST-ZP       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ST-ZP       33 STREET ADDRESS       33 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ST-ZP       ST-ZP       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ST-ZP       DELETE       51 TTLE       Change       Addit         EET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ST-ZP       STREET ADDRESS       STREET A	office or registered agent, or both, in agent. I am familiar with, and accept SNATURE Stgnature, typed or printed name of re	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and tile if applicable. (N	IS AUTHORIZED by the corpora Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12
IST-ZIP       HIALEAH FL       14 CTTY-ST-ZIP         E       T       DELETE       21 TITLE       Change       Addit         EET ADDRESS       33 STREET ADDRESS       23 STREET ADDRESS	office or registered agent, or both, in agent. I am familiar with, and accept SNATURE Signature, typed or printed name of re OFFI	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N ICERS AND DIRECTORS	IS authorized by the corporation of the corporation	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12
E     FERNANDEZ, RAIMUNDO     22 NAME       EET ADDRESS     23 STREET ADDRESS       .sr.2/P     .24 CITY-ST-2/P       E	office or registered agent, or both, in agent. I am familiar with, and accept Signature, typed or printed name of re OFFI P FERNANDEZ, DIEGO	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N ICERS AND DIRECTORS	IS authorized by the corporative corporative corporative corporative requirements and the corporative requirements of the corp	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12
ST-ZIP       2.4 CITY-ST-ZIP         E       33 STREET ADDRESS         ST-ZIP       34 CITY-ST-ZIP         E       33 STREET ADDRESS         ST-ZIP       34 CITY-ST-ZIP         E       0 DELETE         ST-ZIP       0 DELETE         4.1 TITLE       0 Change         ST-ZIP       0 DELETE         4.2 NAME       0 DELETE         ST-ZIP       0 DELETE         4.4 CITY-ST-ZIP       0 DELETE         ST-ZIP       0 DELET	office or registered agent, or both, in agent. I am familiar with, and accept Stanature, typed or printed name of re OFFI P FERNANDEZ, DIEGO 561 WEST 37TH PLAC -ST-ZIP HIALEAH FL	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and tile if applicable. (N CERS AND DIRECTORS	IS authorized by the corpora Florida Statutes. OTE: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12
Image: Change in Change i	office or registered agent, or both, in agent. I am familiar with, and accept in agent. I am familiar with, and accept in a signature. typed or printed name of representation of the signature. The signature of the sis signature of the sis signature of the sis signature of the s	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and tile if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corpora Florida Statutes. OTE: Registered Agent signature requination 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12
Tet ADDRESS       33 STREET ADDRESS         ST-ZIP       34 CITY-ST-ZIP         E       Change         Addit         E       4.1 TITLE         Change       Addit         E       4.2 NAME         ST-ZIP       4.3 STREET ADDRESS         ST-ZIP       4.4 CITY-ST-ZIP         ST-ZIP       4.4 CITY-ST-ZIP         E       DELETE         ST-ZIP       Addit         ST-ZIP       ST-ZIP         ST-ZIP       ST-ST-ZIP         ST-ZIP       ST-ST-ZIP         ST-ZIP       ST-ZIP         ST-ZIP       ST-ZIP <td>office or registered agent, or both, in agent, I am familiar with, and accept as a familiar with, and accept and a familiar with, and accept a familiar with, and accept</td> <td>the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and tile if applicable. (N CERS AND DIRECTORS DELETE</td> <td>IS authorized by the corporal Florida Statutes.</td> <td>rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE</td> <td>of changing its registered pointment as registered AND DIRECTORS IN 12 Change Additio</td>	office or registered agent, or both, in agent, I am familiar with, and accept as a familiar with, and accept and a familiar with, and accept	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and tile if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corporal Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Additio
ST.ZIP       34. CITY-ST-ZIP         Image: Strate in 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	office or registered agent, or both, in agent. I am familiar with, and accept agent, I am familiar with, and accept agent. I am familiar with agent. I am fam familiar with agent. I am fam	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corporal Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Additio
Image: Section of 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 is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the information ic	office or registered agent, or both, in agent. I am familiar with, and accept agent, and accept agent. I am familiar with, and accept agent. I am familiar with agent. I am	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corpora Florida Statutes. IOTE: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Additio
43 STREET ADDRESS         .stziP         44 CITY - ST-ZiP         E       DELETE         51 TITLE       Change         Addit         E       52 NAME         SET ADDRESS       53 STREET ADDRESS         .str-ziP       54 CITY-ST-ZiP         E       61 TITLE         E       62 NAME         E       63 STREET ADDRESS         .str-ziP       64 CITY-ST-ZiP         Change       Addit         E       62 NAME         63 STREET ADDRESS       64 CITY-ST-ZiP         .str-ziP       64 CITY-ST-ZiP         Interby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I furade under path; that I am an	office or registered agent, or both, in agent. I am familiar with, and accept SINATURE Signature. typed or printed name of re OFFI FERNANDEZ, DIEGO 561 WEST 37TH PLAC 561 WEST 37TH PLAC HIALEAH FL T FERNANDEZ, RAIMUN 9370 SW 118 PL ST-ZIP MIAMI FL E E E E ET ADDRESS -ST-ZIP	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corporal Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
E	office or registered agent, or both, in agent, I am familiar with, and accept SINATURE Signature, typed or printed name of re OFFI P FERNANDEZ, DIEGO 561 WEST 37TH PLAC HIALEAH FL T FERNANDEZ, RAIMUN 9370 SW 118 PL ST-ZIP E E E E E E E E E E E E E	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS authorized by the corporal Florida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
E       5.2 NAME         EET ADDRESS       5.3 STREET ADDRESS         .str-ziP       5.4 CITY-ST-ZiP         E       6.1 TITLE         E       6.2 NAME         6.2 NAME       6.3 STREET ADDRESS         .str-ziP       6.1 TITLE         E       6.3 STREET ADDRESS         .str-ziP       6.3 STREET ADDRESS         .str-ziP       6.4 CITY-ST-ZiP         Interpretion stated in Section 119.07(3)(i), Florida Statutes. I further 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 supplied with this filing does not qualify and that my elingature shall have the same legal effect as if made under path; that I am an	office or registered agent, or both, in agent. I am familiar with, and accept is SINATURE Signature. typed or printed name of re OFFI E P FERNANDEZ, DIEGO 561 WEST 37TH PLAC HIALEAH FL T FERNANDEZ, RAIMUN 9370 SW 118 PL 9370 SW 118 PL ST-ZIP E E E E E E	the State of Florida. Such change wa the obligations of, Section 607.0505, egistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS AUTHORIZED BY THE CORPORT Florida Statutes. INTE: Registered Agent signature requination 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
EET ADDRESS       5.3 STREET ADDRESS        ST-ZIP       5.4 CTY-ST-ZIP	office or registered agent, or both, in agent. I am familiar with, and accept is SINATURE Signature. typed or printed name of re OFFI FERNANDEZ, DIEGO 561 WEST 37TH PLAC HIALEAH FL T FERNANDEZ, RAIMUN 9370 SW 118 PL 9370 SW 118 PL ST-ZIP E E E E E E E E E E E E E E E E E E E	the State of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS AUTHORIZED BY THE CORPORT Florida Statutes. INTE: Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
Change Addit     DELETE     Change Addit     Change Addit     Change Addit     Change     Change Addit     Change	office or registered agent, or both, in agent. I am familiar with, and accept agent, and accept agent. I am familiar with, and accept agent. I am familiar with agent. I am familiar with a more of the familiar with and accept agent. I am familiar with and accept agent. I am familiar with and accept agent. I am familiar with a more of the familiar with and accept agent. I am familiar with a more of the familiar wit	the State of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS AUTORIZED BY the Corporal Florida Statutes. INTE: Registered Agent signature requination I.1 TITLE I.2 NAME I.3 STREET ADDRESS I.4 CITY-ST-ZIP I.1 TITLE I.1 TITLE	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
E 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CTY-ST-ZIP 1 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 information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information state information st	office or registered agent, or both, in agent. I am familiar with, and accept agent,	the State of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N CERS AND DIRECTORS DELETE	IS AUTHORIZED BY THE CORPORT Florida Statutes. INTEL Registered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
-ST-ZIP -ST-ZIP - 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 information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	office or registered agent, or both, in agent. I am familiar with, and accept SINATURE Signature, typed or printed name of re OFFI E FERNANDEZ, DIEGO 561 WEST 37TH PLAC 561 WEST 37TH PLAC 561 WEST 37TH PLAC 561 WEST 37TH PLAC 57-ZIP E E E E E E E E E E E E E E E E E E E	the state of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N ICERS AND DIRECTORS DELETE	IS AUTHORIZED BY THE CORPORT Florida Statutes. INTEL Registered Agent signature requination 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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 in 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 is the and accurate and that my construct shall have the same legal effect as if made under oath; that I am an	office or registered agent, or both, in agent, I am familiar with, and accept agent, or both, in agent, I am familiar with, and accept agent, and accept age	the state of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N ICERS AND DIRECTORS DELETE	IS AUTHORIZED BY THE CORPORT Florida Statutes. INTEL Registered Agent signature requination 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
indicated on this appual report or oursigmental appual report is true and accurate and that my signature shall have the same legal effect as it made under value under value of an	office or registered agent, or both, in agent. I am familiar with, and accept Signature. typed or printed name of re OFFI E P FERNANDEZ, DIEGO 561 WEST 37TH PLAC HIALEAH FL E T FERNANDEZ, RAIMUN 8370 SW 118 PL	the state of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N ICERS AND DIRECTORS DELETE	IS AUTO/IZEG BY the Corpora Florida Statutes. INTE: Registered Agent signature requing 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.	office or registered agent, or both, in agent. I am familiar with, and accept Signature. typed or printed name of re OFFI Signature. typed or printed name of re OFFI FERNANDEZ, DIEGO 561 WEST 37TH PLAC HIALEAH FL T FERNANDEZ, RAIMUN 9370 SW 118 PL MIAMI FL E E E E E E E E E E E E E	the state of Florida. Such change wa the obligations of, Section 607.0505, agistered agent and title if applicable. (N ICERS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	IS AUTORIZED BY THE CORPORT Florida Statutes. INTE: Registered Agent signature requinations I.1 TITLE I.2 NAME I.3 STREET ADDRESS I.4 CITY-ST-ZIP I.1 TITLE I.1 TITLE	poration submits this statement for the purpose tion's board of directors. I hereby accept the app ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition

c	h	റ	ħ	J	Δ	T		R	F	•
-		-		Ξ.			J	1	_	•

2-13-94 Date