Suite Aug. R. etc.       22       CSST AUG. () & 43       13-2806191       Intraction of the provision of Sections of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion submits this statement for the pupped rows of negligators of Sections () Section 607 (502, Florida Statutes, the above named comportion's board of directors. I hereby accept the appointment as registing and accept the appointment as registing statement for the pupped rows of negligators of the Register () and accept the appointment as registing		PROFIT PORATION JAL REPORT 1999	FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	Apr 21, 1 Secreta 04-21-1999 9	<b>999 8:00</b> <b>ry of Sta</b> 0206 042 ***150.0	
Matering Address         Matering Address           Incode of Business         Set M 161H CT. POMPANO BEACH FL 3003         So Det Encorporation of Control	Corporation	i Name					
Principal Place of Business G S I A W I S C       2a. Mailing Addresse 2a. Mailing Addresse 2a. Control       4. FEI Number 32 Control       4. FEI Number 13 2006191       Applie Nor A         Suth AL #, ric:       2b. Suth AL #, ric:       2b. Suth AL #, ric:       5. Certificate of Status Desired       58.75 Addresse Fee Require MA & Con AL # (circ.       58.00 Me         City AS late MA & Con AL # (circ.       2b. March #, ric:       2b. March #, ric:       5. Certificate of Status Desired       58.00 Me         City AS late MA & Con AL # (circ.       2b. March #, ric:       2b. March #, ric:       5. Certificate of Status Desired       58.00 Me         2b /	NW 18TH	CT.	6981 NW 18TH CT.		DO NOT WRIT		<u>.</u>
Suite Ar, etc.       Suite	1 0 0	ace of Business	2a. Mailing Address	180	05/06/1998 4. FEI Number		plied For
M & Contry       20       M & Contry       20       M & Contry       20       Contry       20       Contry	Suite Apt	#, etc.	Suite, Apt #, etc.	10-5	5. Certifcate of Status Desired	□ <b>\$8.75</b> A Fee Re	dditional quired
9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         1201 HAYS STREET       1201 HAYS STREET         TALLAHASSEE FL 32301-2525       81         84       City         85       84         CORPORATION SERVICE COMPANY 1201 HAYS STREET       83         74120 HAYS STREET       84         City       FL         83       84         City       FL         84       City         0. The provisions of Sections 607.0502 and 607.1506, Florida Statutes, the abundres of work-named corporation's board of directors. I hereby accept the oppoace of charging its regionagent is negligible.         0ATTURE       Signature, yood or printed name of neglistered agent and the status of Ponde. Such charge was authorized by the corporation's board of directors. I hereby accept the oppoace is the oppoace of charging its regionagent is neglister.         COLON, LOUIS       10. The Register Address (P.O. Box Number is Not Acceptable)         Exerct Access 6981 NW 18TH CT.       13.         COLON, MANUELA       23 Inter Access         VST-2P       POMPANO BEACH FL 33063       24 city.57.2P         POMPAND BEACH FL 33063       24 city.57.2P         VST-2P       COLON, MICHAEL       23 Int	MA	RCATE CONTRACT	28 THAREA Je	Country	Trust Fund Contribution     S. This corporation owes the current	Added t	a.F.ees <u></u>
1201 HAYS STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1201 HAYS STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         83       Image: Street Address (P.O. Box Number is Not Acceptable)         84       City       FL       Street Address (P.O. Box Number is Not Acceptable)         84       City       FL       Street Address (P.O. Box Number is Not Acceptable)         84       City       FL       Street Address (P.O. Box Number is Not Acceptable)         84       City       FL       Street Address (P.O. Box Number is Not Acceptable)         84       City       FL       Street Address (P.O. Box Number is Not Acceptable)         85       Street Address (P.O. Box Number is Not Acceptable)       FL         86       City       Dotton or postion adjusted spatiation adjusted spatiation submits this statement for the purpose of changing its register adjuster inquined adjuster adjuster adjuster inquined adjuster is postion adjuster adjuster adjuster is postion adjuster adjuster adjuster adjuster is postion adjuster adjuster adjuster is not Acceptable)         804 TURE       OFFICERS AND DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         806 TW 18TH CT.       13 intert adoress       14 GIY: ST2P       Colon, ManuELA       23 intert adoress         807 TWE       COLON, MANUELA       24 GIY: ST2P       CORadjiiiiiiiiiiiii	<u></u>	9. Name and Address of Current					ANO
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registrict agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registrict agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.         SNATURE       Signature, typed or printed name of impatted agent and tible if applicable.       (NOTE: Regulared Agent agent and tible if applicable.       DATE         CP       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         E       CP       Initial       13 strates       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         E       CP       Initial       13 strates       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         E       CP       Initial       12 NWE       Change       Change         e       CV       Initial       12 Strate       Change       Change         e       CV       Initial       22 NWE       Ichange       Change       Change         e       CV       Initial       23 strates       Ichange       Ichange       Ichange       Ichange       Ichange         e       COLON, MANUELA       22 NWE       Ichange       Ichange       Ichange       Ichange       Ichange       I	1201	HAYS STREET			ress (P.O. Box Number is Not Accepta	ble)	
Signature, typed or printed name of registered agent and tile if applicable.         (NTE: Registered Agent aignature required when reinclating)         DATE           .         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           #E         COLON, LOUIS         11.11LE         Change         Change           #E         COLON, LOUIS         12.NAME         Change         Change           #E         COLON, NATHE CT.         13 STREET ADDRESS         Change         Change           #.ST-ZIP         POMPANO BEACH FL 33063         14 CITV-51-ZIP         Change         Change           #E         CV         DELETE         21 TITLE         Change         Change           #E         CV							
LE       CP       DELETE       1.1 TILE       Change         ME       COLON, LOUIS       12 NAME       13 STREET ADDRESS         V-ST-ZIP       POMPANO BEACH FL 33063       14 cInt-51 ZIP	office or re	egistered agent, or both, in the State o	f Florida. Such change was au	s, the above-named corr horized by the corporati	poration submits this statement for the ion's board of directors. I hereby accep	PL	registered
ME         COLON, LOUIS         12 NAME           REET ADDRESS         6981 NW 18TH CT.         13 STREET ADDRESS           YY-ST-ZIP         POMPANO BEACH FL 33063         14 CITY-ST-ZIP           LE         CV         □ DELETE         21 TITLE           NE         COLON, MANUELA         22 NAME           G981 NW 18TH CT.         23 STREET ADDRESS           POMPANO BEACH FL 33063         24 CITY-ST-ZIP           V-ST-ZIP         POMPANO BEACH FL 33063           V-ST-ZIP         OT           POMPANO BEACH FL 33063         24 CITY-ST-ZIP           ILE         DT           WE         COLON, LEWIS           REET ADDRESS         7808 NW 39 CT.           ME         COLON, MICHAEL           VST-ZIP         CORAL SPRING FL 33065           VST-ZIP         CORAL SPRING FL 33065           VST-ZIP         CORAL SPRING FL 33065           VST-ZIP         COLON, MICHAEL           VST-ZIP         COLON, MICHAEL           VST-ZIP         COLON, MICHAEL           VST-ZIP         GAITHERSBURG MD 20879-5904           LE         IDELETE           SI STREET ADDRESS           VST-ZIP         Change           VST-ZIP         SITTHE <td>office or re agent. I ar IGNATURE</td> <td>egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent</td> <td>f Florida. Such change was auf ons of, Section 607.0505, Florid and title if applicable. (NOTE: f</td> <td>s, the above-named corr thorized by the corporation da Statutes.</td> <td>ed when reinstating)</td> <td>purpose of changing its t the appointment as reg</td> <td>registered gistered</td>	office or re agent. I ar IGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was auf ons of, Section 607.0505, Florid and title if applicable. (NOTE: f	s, the above-named corr thorized by the corporation da Statutes.	ed when reinstating)	purpose of changing its t the appointment as reg	registered gistered
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ME       COLON, MANUELA       22 NAME         REET ADDRESS       6981 NW 18TH CT.       23 STREET ADDRESS         Y.ST.ZIP       POMPANO BEACH FL 33063       2.4 CTTY-ST-ZIP         LE       DT       DELETE       31 JTTLE         ME       COLON, LEWIS       32 NAME         REET ADDRESS       7808 NW 39 CT.       33 STREET ADDRESS         Y.ST.ZIP       CORAL SPRING FL 33065       34. CTTY-ST-ZIP         LE       DS       DELETE         V.ST.ZIP       CORAL SPRING FL 33065       34. CTTY-ST-ZIP         KE       DS       DELETE         V.ST.ZIP       CORAL SPRING FL 33065       34. CTTY-ST-ZIP         KE       COLON, MICHAEL       4. 2 NAME         REET ADDRESS       6 SEABROOK CT.       43 STREET ADDRESS         Y-ST.ZIP       GAITHERSBURG MD 20879-5904       44. CTTY-ST-ZIP         LE       DELETE       S1 TTLE         ME       S3 STREET ADDRESS       S3 STREET ADDRESS         Y-ST-ZIP       GAITHERSBURG MD 20879-5904       44. CTTY-ST-ZIP         LE       DELETE       S1 TTLE         S1 STREET ADDRESS       S3 STREET ADDRESS         Y-ST-ZIP       S1 TTLE         LE       S1 STREET ADDRESS	office or re agent. I al GNATURE LE ME REET ADDRESS	egistered agent, or both, in the State o m familiar with, and accept the obligativ Signature, typed or printed name of registered agent OFFICERS ANE CP COLON, LOUIS 6981 NW 18TH CT.	f Florida. Such change was aut ons of, Section 607.0505, Flori and title if applicable. (NOTE: F 0 DIRECTORS	s, the above-named com thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE	registered gistered RS IN 12
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