FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G45988

1. Corporation Name

DVNASTV AMERICAN CORP

DIMAGII AMERICAN COM:					
Principal Place of Business	Mailing Address			. 1 199 (c) 2011 0100 01110 (0101) 0101 0101 0101 01	
10411 NW 28TH STREET	10411 NW 28TH STREET				
#C101	#C101			DO MOT MIDITE MITURO ODA OF	
MIAMI FL 33172 MIAMI FL 33172				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US	05			,	
	Ta Name Add		· · · ·	06/27/1983 4. FEI Number Applied For	
2. Principal Place of Business	2a. Mailing Address			59-2317091 Not Applicable	
21	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & State	City & State			6. Election Campaign Financing S5.00 May Be	
	28			6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	,	This corporation owes the current year Intangible	
¬ - '	·	30	,	Personal Property Tax.	
24 25 9 Name and Address of Currer		30)		10. Name and Address of New Registered Agent	
g, Hamo and Addicas of Control	The state of August	81	Name		
GARCEZ, ULYSSES			<u> </u>	A STATE OF THE STA	
10411 NW 28TH STREET		82 Street A		Address (P.O. Box Number is Not Acceptable)	
#C101		83	1	to the second se	
MIAMI FL 33172					
		84	City	FL 85 Zip Code	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	e of Florida. Such change was au	ithorized by	the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state of the state agent. I am familiar with, and accept the obligation of the state of th	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE:	ithorized by ida Statute:	the corpors.	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AN	e of Florida, Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: IND DIRECTORS	Registered Age	the corpors.	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AN	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE:	Registered Age 1.1 TITLE	the corpors.	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AN TITLE P NAME GARCEZ, ULYSSES	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	of the corpor	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of th	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	of the corpor	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of th	e of Florida. Such change was au ations of, Section 607.0505, Flori and and title if applicable (NOTE: IND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	of the corpor	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of th	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE	of the corpor	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the obligation	e of Florida. Such change was au ations of, Section 607.0505, Flori and and title if applicable (NOTE: IND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	r the corpor s. nt signature rec T ADDRESS	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with a state agent ag	e of Florida. Such change was au ations of, Section 607.0505, Flori and and title if applicable (NOTE: IND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	or the corpor s. Int signature recent s	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent. I a	e of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	or the corpor s. Int signature recent s	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with a state agent ag	e of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable (NOTE: IND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	or the corpor s. Int signature recent s	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with a state agent agen	e of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	or the corpors. Int signature recent si	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar with a second agent. I am famili	e of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	et Address et Address et Address et Address et Address et Address	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with, and accept the obligations of the state agent. I am familiar with a state a	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	et Address et Address et Address et Address et Address et Address	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with a stat	e of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	et address st-zip et address st-zip et address st-zip et address st-zip	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with a state agent agent. I am familiar with a stat	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME	of the corpors. Int signature recent si	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent. I	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	or the corpors. Int signature records. IT ADDRESS	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent. I	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	or the corpors. Int signature records. IT ADDRESS	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent. I	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	et address	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent. I	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	et address	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with a state agent agent. I am familiar with a stat	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with a state agent. I am	e of Florida. Such change was au ations of, Section 607.0505, Floriant and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the obligation of the state agent. I am familiar with a state agent agent. I am familiar with a stat	e of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.3 STREE 5.4 CITY- 5.5 STREE 5.5 CITY- 5.6 CITY- 5.7 STREE 5.7 CITY- 5.7 STREE 5.8 CITY- 5.9 STREE 5.9 S	ant signature received and signature received	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Addition Change Addition A	

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or truster-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90100 032 ***150.00