

FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H92559** 1. Corporation Name

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90170 050 ***150.00

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Principal Flace	of Business	Mailing Address				I 1883ØLL BYIN INTER LINE I BYIN BYIN	1911 WJUH WIW)	A1811 81811 1481
8144 S.W. 82 F	LACE	8144 S.W. 82 PLACE							
MIAMI FL 33143 MIAMI FL 33143						DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						12/26/1985			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI N imber		A	pplied For
21		26				59-2619922		N	o Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22		27				C. Certificate of States Essines			e juired
City & State	e	City & State				6. Electic n Campaign Financing	\neg		Vlay Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation owes the current		ngible □ Yes	XINo
24	9. Name and Address of Cu	29	30	Т		Personal Property Tax. 10. Name and Address of New Reg			23610
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NATI	NSKY, LAWRENCE								
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SUIT	E 123			83					
MIAN	Al FL 33156			\perp				Tabl Si	
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607	′.0502 and 607.1508, Florida Sta	แเยร, เกษ ส	Dove-	-nameo co				
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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 receiver or trustee 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATU RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR