

APPROVED
AND
FILED

U. S. DEPARTMENT OF STATE
Bureau of Consular Affairs
Washington, D. C.
January 10, 1951

(1)

95127 - 1 PM 11:32

BRADLEY INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C/O MILTON KLEINMAN
6875 WILLOW WOOD DR. #2072
BOCA RATON FL 33434
U.S.

C/O MILTON KLEINMAN
6875 WILLOW WOOD DR #2072
BOCA RATON FL 33434
115

1. The first step is to identify the problem or question that needs to be answered.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

04/20/1987

06/28/1994

4. <u>111 Fairview</u>	Acquired For
<u>65-0032601</u>	From Acquisition

\$8.75 Additional Fee Required

6. Election Campaign Financing	\$5.00 May Be
Total Fund Contribution	Added to Fund

[illegible]

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:

KLEINMAN, MILTON
6875 WILLOW WOOD, #2072
BOCA RATON FL 33434

81	Name
82	Street Address (P.O. Box Number or Post Office Address)
83	
84	City

11. The court has the power to grant summary judgment in a case where the facts are undisputed and the law is clear. In this case, the court finds that the facts are undisputed and the law is clear. Therefore, summary judgment is granted in favor of the defendant.

$$L_{\infty} = \lim_{n \rightarrow \infty} L_n = 2, \quad \text{if } S \neq \emptyset$$

12.	13.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
14.	15.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
16.	17.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
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BY	BY
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REMARKS	REMARKS
18.	19.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
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BY	BY
FOR	FOR
REMARKS	REMARKS
20.	21.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
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FOR	FOR
REMARKS	REMARKS
22.	23.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
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24.	25.
NAME	NAME
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REMARKS	REMARKS
26.	27.
NAME	NAME
ADDRESS	ADDRESS
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28.	29.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
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REMARKS	REMARKS
30.	31.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
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REMARKS	REMARKS
32.	33.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
34.	35.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
36.	37.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
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FOR	FOR
REMARKS	REMARKS
38.	39.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
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BY	BY
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REMARKS	REMARKS
40.	41.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
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DATE	DATE
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BY	BY
FOR	FOR
REMARKS	REMARKS
42.	43.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
44.	45.
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
DATE	DATE
TIME	TIME
BY	BY
FOR	FOR
REMARKS	REMARKS
46.	47.
NAME	NAME
ADDRESS	ADDRESS

[illegible]

SIGNATURE:

EXAMINER AND TRUE OR PRINTED NAME OF DESIGN OFFICER OR DIRECTOR

4-~~28~~-95

~~407~~-482-003