· .					
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
COF			PARTMENT OF STATE a B. Mortham	Apr 16 19	98 8:00am
	1998	57	retary of State OF CORPORATIONS	Secretary of State	
DOCU	MENT # K3359)) (6)			
	ions plus, inc.				
Principal Place of Business Mailing Address				1	JII 01011 #1011 0FBLT 0FFIL 01011 FOOT
6988 S.W. 47TH STREET 6988 S.W. 47TH STREET MIAMI FL 33155 MIAMI FL 33155				DO NOT WRITE IN	
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		09/20/1988 4. FEI Number	Applied For
21		26		65-0072386	Not Applicable
Suite, Apt.	. #, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	to	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	 This corporation owes or has paid I Personal Property Tax due June 30 	
	9. Name and Address of Curr NKER, JOHN W		B1 Name	10. Name and Address of New Regis	
	88 SW 47TH ST Ami Fl 33155		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Sta te of Florida, Such change w	atutes, the above-named cor as authorized by the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept t	ose of changing its registered
agent. 1 a	am tamiliar with, and accept the obli	igations of, Section 607.0505	, Florida Statutes.		
12.	Signature, typed or printed name of registered a OFFICERS A	igent and little if applicable (ND DIRECTORS	NOTE Registered Agent signature requi	aired when reinstating) ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	SAND DIRECTORS IN 12
NAME STREET ADDRESS	DANKER, JOHN 6988 S.W. 47TH STREET		1.2 NAME 1.3 STREET ADDRESS		25
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Change Daddition
TITLE	OV GOODNATURE, BRYCE	DELETE	2.1 TITLE	·	Change Addition
NAME STREET ADDRESS	6988 S.W. 47TH STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITL€		DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS City - St - Zip			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. Hhereby	certify that the information supplied	with this filing does not quali	ly for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I fur	her certify that the information
officer or Block 12	director of the corporation or the re or Block 13 if changed, or on an att	action of the analysis in the and action of the analysis of the analysis of the analysis and the analysis and the analysis of	to execute this report as rec	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and A	I that my name appears in
SIGNAT	TURE:	and the later		418/48	305-663-0553