

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90453 039 ***150 00

DOCUMENT # *L01000003151*
1. Entity Name *FLORIDA SPANISH TREASURE HUNTERS*

DO NOT WRITE IN THIS SPACE

24049894

2. Principal Place of Business 21380 N. MIAMI AVE		3. Mailing Address SAME.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33169	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL.		City & State		4. FEI Number 65-1084829		Applied For	
Zip 33169		Country USA		Zip		Country	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<div style="background-color: #cccccc; padding: 10px; text-align: center;"> DO NOT WRITE IN THIS SPACE </div>				7. Name and Address of Current Registered Agent			
				Name JAY AUERBACH			
				Street Address (P.O. Box Number is Not Acceptable) 2338 HOLLYWOOD BLVD			
				City HOLLYWOOD			
				FL		Zip Code 33020	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER IRWIN T. SPARKS 21380 N. MIAMI AV. MIAMI, FL. 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 report or supplemental 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034B (12/02)