DOC WIEN . #	E010000	11391	T 2		\$# ± 1 €	AND TEED	
SUAMME, LLC			g : " e		03 FEB :	-4 AM 9:3	կ
Discount Discount					SECRETA	ARY OF STAT SSEE, FLOR	E.
Principal Place of Business 7400 S.W. 126 STREET MIAMI FL 33156		Mailing Address 7400 S.W. 126 STREET MIAMI FL 33156	i		FABLEARIA	SSEE, FEUN	WA-
2. Principal Place of Business 12200 VIST Suite, Apt. #, etc.	a lave	3. Mailing Address 12200 V Suite, Apt. #, etc.	isvalu	ine	DO NOT W	RITE IN THIS SPAC	
City & State	FU	City & State———	Fi-	4. FE	Number 71122529		Applied For
20154	untry USA	3315U	Country		rtificate of Status Desired	\$5.0	Not Applicable OO Additional Required
6. Name and A	ddress of Current Re	gistered Agent	Name		me and Address of New		
ZALDIVAR, MARYANN 7400 S.W. 126 STREET		-			Number is Not Accepta	ldivar	
MIAMI FL 33156	-L1		12	2200 V	ISVA Lau	e	
			City		•		
			0.0,7	Maiana	•		LD-Licate
. The above named entity subm	its this statement for the	e purpose of changing i	,		t, or both, in the State of I	FL Z	33150
Unan	its this statement for the	e purpose of changing is	,		t, or both, in the State of I	Florida.	33150
Unan	name of registered agent and to	ald the if applicable. (NO	ts registered office	or registered agen	t, or both, in the State of I	FL Z Florida.	33150
Unan	Jan 3	tle if applicable. (NC FILE N Make Check P	ts registered office	or registered agentiature required when reinst \$50.00 rtment of State	t, or both, in the State of I	Florida.	労労15 (ノ
	Jan 3	te if applicable. (NC FILE N Make Check P Dr. MANAGERS	IS registered office TE: Registered Agent sign IOW!!! FEE IS ayable to Depar	or registered agen ature required when reinst \$50.00 rtment of State 02	t, or both, in the State of I	Florida.	3315 ()
IGNATURE Signature, typed or printed MARYANN ME MARYANN	name of registered agent and to	tle if applicable. (NC FILE N Make Check P	Its registered office OTE: Registered Agent sign IOW!!! FEE IS rayable to Departure By May 1, 20	or registered agen ature required when reinst \$50.00 rtment of State 02	t, or both, in the State of I	Florida. DATE S/CHANGES	hange Addition
IGNATURE Stignature, typed or printed M LE NGR	name of registered agent and to	te if applicable. (NC FILE N Make Check P Dr. MANAGERS	Its registered office ITE: Registered Agent sign IOW!!! FEE IS rayable to Depail IOW May 1, 20 IO. IIILE	or registered agen ature required when reinst \$50.00 rtment of State 02	t, or both, in the State of I	Florida. DATE S/CHANGES	
GNATURE Stgnature, typed or printed M LE ME LE MARYANN FU LE MARYANN HEET ADDRESS HIAMI, FU LE	name of registered agent and to	te if applicable. (NC FILE N Make Check P Dr. MANAGERS	Its registered office IOW!!! FEE IS rayable to Departue By May 1, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	or registered agen tature required when reinst \$50.00 rement of State 02 MGP Marya 12200 V Miam	ADDITIONS ADDITIONS	Florida. DATE S/CHANGES A	hange Addition
GNATURE Stonature, typed or printed ME LE ME LET ADDRESS WE LET ADDRESS MARYANA THE MARYANA HIAMI, FU LE ME LE LE ME LE	name of registered agent and to	tle if applicable. (NC FILE N Make Check P Dr. MANAGERS	Its registered office IOW!!! FEE IS rayable to Departue By May 1, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or registered agen tature required when reinst \$50.00 rement of State 02 MGP Marya 12200 V Miam	t, or both, in the State of I	Florida. DATE S/CHANGES A	hange Addition
GNATURE Stignature, typed or printed ME LE ME ME ME ME ME ME ME ME	name of registered agent and to	tle if applicable. (NC FILE N Make Check P Dr. MANAGERS	IS registered office INTE. Registered Agent sign IOW!!! FEE IS ayable to Depai ID. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. DATE S/CHANGES DB613 D01- **50	hange Addition
ME LE ME LEET ADDRESS (-ST-ZIP EET ADDRESS LEET ADDRESS	name of registered agent and to	te if applicable. (NC FILE N Make Check P DI MANAGERS Delete Delete	IS registered office INTE Registered Agent sign IOW!!! FEE IS layable to Depart IOW HAVE TO THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. JOS DATE S/CHANGES DS 6 1 3 -001 **50	hange Addition
ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP E	name of registered agent and to	te if applicable. (NC FILE N Make Check P DI MANAGERS Delete Delete	Its registered office ITE Registered Agent sign IOW!!! FEE IS layable to Depart IOW HE BY MAY 1, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. 5 / 0.3 DATE 6 / CHANGES 6 / CH	hange Addition hange Addition OO Addition
ME AREET ADDRESS Y-ST-ZIP EET ADDRESS	name of registered agent and to	te if applicable. (NC FILE N Make Check P Delete Delete Delete Delete	ITE Registered Agent sign IOW!!! FEE IS ayable to Depai ue By May 1, 20 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. JOS DATE S/CHANGES DS 6 1 3 -001 **50	hange Addition Addition OO Addition ange Addition
MARYANA STORAGE ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP	name of registered agent and to	te if applicable. (NC FILE N Make Check P Delete Delete Delete Delete	Its registered office ITE: Registered Agent sign IOW!!! FEE IS ayable to Depai IO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. 5 / 0.3 DATE 6 / CHANGES 6 / CH	hange Addition Addition OD pange Addition OO Addition
GNATURE Stonature, typed or printed ME LE ME LE ME LEET ADDRESS V-ST-ZIP LE LE LEET ADDRESS C-ST-ZIP LE LE LE LE LET ADDRESS	name of registered agent and to	te if applicable. (NC FILE N Make Check P Dt MANAGERS Delete Delete Delete	IS registered office ITE: Registered Agent sign IOW!!! FEE IS ayable to Depai ID. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. 103	hange Addition hange Addition hange Addition hange Addition hange Addition
ME ALE ALE ME ALE ALE ME ALE ALE ME ALE ALE ALE ALE ALE ALE ALE ALE ALE AL	name of registered agent and to	te if applicable. (NC FILE N Make Check P Do MANAGERS Delete Delete Delete Delete	IS registered office IS registered Agent sign IOW!!! FEE IS ayable to Depail ID. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. 103	hange Addition OD Addition ange Addition Addition Addition
ME LE ME REET ADDRESS Y-ST-ZIP LE ME M	name of registered agent and to	te if applicable. (NC FILE N Make Check P Dt MANAGERS Delete Delete Delete	IS registered office ITE: Registered Agent sign IOW!!! FEE IS ayable to Depai ID. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or registered agen lature required when reinst \$50.00 riment of State 02 Marya 12200 V Miam 01.	ADDITIONS	Florida. 103	hange Addition Addition OD hange Addition Addition Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANG OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/02 (784)242 0176