

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90296 027 ***150.00

0096400

Principal Place of Business	Mailing Address
8275 WEST 12TH AVE STE C HIALEAH FL 33014 US	8275 W 12 AVE HIALEAH FL 33014 US

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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PULLES, JUAN V. 8275 WEST 12TH AVE STE C HIALEAH FL 33014	Name
	Street Address
	City

SIGNATURE _____ (NOTE: Registered Agent signature required)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>
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11.		OFFICERS AND DIRECTORS		12.	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	

NAME	PULLES, JUAN V.	NAME	
STREET ADDRESS	8275 WEST 12TH AVE	STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33014	CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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<div> <div>FL</div> <div>Zip Code</div> </div>	
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red agent, or both, in the State of Florida.

DATE _____

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TUAN V. POLKES

3/29/01

Date _____

305-557-0101

Daytime Phone # _____

CH2E034 (10/00)