FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am Secretary of State

DOCL	JMENT	#		 -		Secretary	of State
1. Entity Na		••	\ .			02-27-2002 90067	041 ***150.00
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INST	DE AMERIO	A, INC.	V				
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2. Principal Place of Business			3. Mailing Address			825460	
401 BISCAYNE BLV S148 Suite, Apt. #, etc.			8197 S.W. 84 Ter.			100	
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE
City & Sta	ate		City & State			4. FE! Number	Applied For
	I, FL		MIAMI, FL			65-0148932	Not Applicable
Zip	_	Country	Zip	Coun	itry	5. Certificate of Status Desired	\$8.75 Additional
33132	2	USA	33143	US	Α		Fee Required
				• .	Name II	7. Name and Address of Current Register	red Agent
	D	O NOT W	DITC	*	W	E IMHOF	
	,	4.7		,	Street Address	s (P.O./Box Number is Not Acceptable)	
		I THIS SF	PACE		- 01	197 S.W. 84 Ter.	
		F 1. F 2.3	The state of the s				· ,
		11			City MI	FAMI, FL	L Zip Code 33143
8. The abov	e named entity	submits this statement to	or the purpose of changing its	registere	ed office or regist	tered agent, or both, in the State of Florida.	, 33113
	01/						- / .
SIGNATURE		1 110	WEI			<u> </u>	2/02
		printed name of registered agent			d Agent signature requir	red when reinstating) / DATE	
9. This corp	oration is eligib	ے le to satisfy its Intangible	January 1 - May	lay 1 Fe	e is \$150.00 / s \$550.00	10. Election Campaign Financing	\$E.00
	requirement an eria on back)	d elects to do so.	Amende	d UBR is	s \$61.25	Trust Fund Contribution	\$5.00 May Be Added to Fees
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	Make Check Payal		partment of Si		Action 18 Company of the Company of
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SIGNATURE: _

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2/13/02

^{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 on an attachment with an address, with all other like empowered.