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1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L43513**

1. Corporation Name

SANDRA'S WASH, INC.

Principal Place of Business 2750 WEST 68TH ST. STE. #118 HALEAH FL 33016 HALEAH FL 33016 HALEAH FL 33016 HALEAH FL 33016  2. Principal Place of Business 2. a. Mailing Address 2. a. Mailing Mailing Mailing Address 2. a. Mailing Mailing Mailing Mailing Address 2. a. Mailing Mailing Mailing Mailing Mailing Mailing Address 2. a. Mailing M	2750 WEST 68TH ST. STE. #118 HIALEAH FL 33016  2. Principal Place of Business 2. A. Mailing Address 2. Principal Place of Business 2. A. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 3. Date incomposition of C5-0169 4. Fell Number 4. Fell Number 4. Fell Number 4. Fell Number 5. Certificate a 6. Election Ct. Trust Fund 65-0169 65-				
SITE #118 HALEAH FL 33016 HALEAH FL 33016 HALEAH FL 33016 ALEAH FL	STE. #118 HIALEAH FL 33016  3. Date Incomposition of Business 21	- E 1001/1011 Att Prono triet diese inen annt annt annt annt ann ann ann ann			
### PAIR FL 33016  ### PAIR FL 3	HALEAH FL 33016  HIALEAH FL 33016  HIALEAH FL 33016  HIALEAH FL 33016  3. Date Incon 01/19/18  2. Principal Place of Business 2a. Mailing Address 55-0169  Suite, Apt. #, etc. 2b. Suite, Apt. #, etc. 2c. Type Country 2d. Type Co				
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   Sulta, Apt. #, etc.   Sulta, A	3. Date Incomo O1/19/19/19 2. Principal Place of Business 2a. Mailing Address 65-0169  Suite, Apt. #, etc. Suite, Apt. #, etc.  22	DO NOT WOITE IN THIS SPACE			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. A PRINcipal Place of Business 2. B Place	2. Principal Place of Business 2. A. Mailing Address 2. Electron Co. Struct. 2. Electron Co. Struct. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 3. Country 2. Country 2. Country 2. Country 2. Country 3. Name and Address of Current Registered Agent 3. Name 3. Name and Address of Current Registered Agent 4. City 4. Correct Address (P.O. Box Nur. 10. Name and Scheckens 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required whan reinstating) 4. City 4. City 4. The summiniar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required whan reinstating) 5. Certificate (City St. 2D) 5. Certificate (City St. 2D) 6. Election Corporation Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered agent agent agent required whan reinstating)  12. OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP 13. TITLE 12. DELETE 21. TITLE 22. ADDITIONS 22. NAME 23. STREET ADDRESS CITY-ST-ZIP 32. ADDITIONS 32. NAME 33. STREET ADDRESS CITY-ST-ZIP 33. ADDITIONS 34. CITY-ST-ZIP				
21   26 3/4/-WEST 76. Street	Suite, Apt. #, etc.    Suite, Apt. #, etc.				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #   Suite, Apt. #	Suite, Apt. #, etc.    Suite, Apt. #, etc.	-	Applied For		
22	City & State  City & State  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Country  Zip  Zip  Zip  Country  30 M/AMI - DADE  Personal P  Perso				
22   27   SLUCK #F/   Clys & State   Clys & Clys & State   Clys & State   Clys & State   Clys & State   Clys	City & State  City & State  City & State  Zip  City & State  Zip  City & State  Zip  Country  30 MIAMI — DADE  8. This corporation in the state of Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS  11. THE  D  CORAL GABLES FL  TITLE  DV  DELETE  TITLE  DV  DELETE  J TITLE  DV  DELETE  J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  D DELETE  J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  J STREET ADDRESS  CITY-ST-ZIP  ACITY-ST-ZIP  MIAMI FL  DELETE  J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  J STREET ADDRESS  CITY-ST-ZIP  ACITY-ST-ZIP  ACITY-ST-ZIP  MIAMI FL  J STREET ADDRESS  CITY-ST-ZIP  ACITY-ST-ZIP  MIAMI FL  J STREET ADDRESS  CITY-ST-ZIP  ACITY-ST-ZIP  ACITY-ST-ZI	of Statue Decired			
Trust Fund Contribution	Zip Country 3. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and SCHECHNER, MARK S. Z121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida. Statutes, the above-named corporation submits th office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS  TITLE D COFAL GABLES FL TITLE  DV DELETE 1.1 TITLE  SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. CORAL GABLES FL  TITLE  DV DELETE 2.1 TITLE  DV DELETE 2.1 TITLE  2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  MIAMI FL  D DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE 3.1 STREET ADDRESS CITY-ST-ZIP  TITLE 3.1 STREET ADDRESS CITY-ST-ZIP  TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		e Required		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip	Zip Country  Zip Country  Zip Country  Zip Country  30 Minaul - Dane    9. Name and Address of Current Registered Agent    10. Name and SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  23. Street Address (P.O. Box Number of Sections 607.0502 and 607.1508, Florida. Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  D GELETE  1.1 TITLE  DV GRAL GABLES FL  TITLE  DOELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DOELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP	- , • • • • • • • • • • • • • • • • • •			
24 25 29 330/8 30 MINUL DADE Personal Property Tax.   Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711  CORAL GABLES FL 33134   84   City	25 29 330/8 30 M/AMI - DADO Personal P  9. Name and Address of Current Registered Agent  10. Name and  SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 .CORAL GABLES FL 33134  82 Street Address (P.O. Box Null Registered Agent and Street Agent Services Agent Agent Services Agent Services Agent Services Agent Services Agent Services Agent Agent S	Contribution Ad			
SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  11.**Pursuant to the provisions of Sections 607.0502 and 607.0508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. LAURE  12. LAURE  12. LAURE  13. STREET ADDRESS  2121 PONCE DE LEON BLVD. 1.3 STREET ADDRESS  CITY-ST-ZIP  14. CITY-ST-ZIP  15. Name  16. Name and Address of New Registered Agent  16. Name  18. Name  19. Laure is Not Acceptable)  18. Address (P.O. Box Number is Not Acceptable)  18. Display is registered agent and statutes. In the provisions submits this statement for the purpose of changing its registered agent age	SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  10. Name and Address of Current Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS  11. TITLE  D  COFFICERS AND DIRECTORS  12. NAME  SCHECHNER, MARK S.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  14. CITY-ST-ZIP  TITLE  DV  DELETE  21. TITLE  DV  DELETE  31. TITLE  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  1901 BRICKELL AVE 2104-B  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP				
SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 .CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   64 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Elorida. Statutes, the above-marked corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept there appointment as registered agent, and use if applicable.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  CHANGE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  OCHANGE  SIGNAGE  1901 BRICKELL AVE 2104-B  23 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  24 CITY-ST-ZIP  Addition  CORAL GABLES FL  Addition  Change Addition	SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  284 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS  TITLE D D DELETE 1.1 TITLE NAME SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 1.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE D D DELETE 1.3 STREET ADDRESS CITY-ST-ZIP  TITLE D D DELETE 2.1 TITLE D DELETE 2.1 TITLE D DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE 3.4 CITY-ST-ZIP	(Opony tax.	· UNO		
SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  11. *Pursuant to the provisions-of-Sections 607.0502 and 607.1508, Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered—agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D D DELETE  11 TITLE  Change Addition  NAME  SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. CORAL GABLES FL  14 CITY-ST-ZIP  TITLE  DV DELETE  11 TITLE  Change Addition  Change Addition  PAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  24 CITY-ST-ZIP  MIAMI FL  24 CITY-ST-ZIP  MIAMI FL  D Addition  Change Addition  Change Addition  Change Addition	SCHECHNER, MARK S. 2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  83  84 City  11. Pursurant to the provisions of Sections 607.0502 and 607.1508, Elorida. Statutes, the above-named corporation submits th office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  D  SCHECHNER, MARK S.  STREET ADDRESS  2121 PONCE DE LEON BLVD.  CITY-ST-ZIP  TITLE  D  DELETE  1.1 ITTLE  DELETE  1.2 NAME  LECHIN, GARY  22 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	d Address of New Registered Agent			
2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  84 City FL 85 Zip Code  11.*Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was untorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SCHECHNER, MARK S.  STREET ADDRESS CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  CORAL GABLES FL  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  Change  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  MIAMI FL  2.4 CITY-ST-ZIP  MIAMI FL  DATE  2.5 TITLE  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition	2121 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 33134  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida. Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  NAME  SCHECHNER, MARK S.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  DV  DELETE  1.1 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  3.1 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  3.1 STREET ADDRESS  CITY-ST-ZIP  AMICH STREET ADDRESS  CITY-ST-ZIP  TITLE  3.1 STREET ADDRESS  CITY-ST-ZIP  TITLE  3.1 STREET ADDRESS  CITY-ST-ZIP  AMICH STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  AMICH STREET ADDRESS  3.4 CITY-ST-ZIP				
SUITE 711 .CORAL GABLES FL 33134  84 City FL 85 Zip Code  ***Ti.**Pursuanit to the provisions-of-Sections-607.0502 and 507.1508. Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE  1.1 TITLE  Change Addition  NAME  SCHECHNER, MARK S.  2121 PONCE DE LEON BLVD.  CORAL GABLES FL  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  CORAL GABLES FL  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  Change Addition  Addition  Change Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  Addition  DATE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  Addition  Change Addition  Change Addition	SUITE 711 CORAL GABLES FL 33134  84 City  11. Pursuant to the provisions of Sections 607.0502 and 807.1508. Florida. Statutes, the above-named corporation submits th office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  D   DELETE   1.1 TITLE   1.2 NAME   1.2 NAME   1.2 NAME   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.5 TITLE	ımber is Not Acceptable)			
### City ####################################	CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida. Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  NAME  SCHECHNER, MARK S.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  DV  DELETE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  DV  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  ACCITY-ST-ZIP  MIAMI FL  3.3 STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and dite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D SCHECHNER, MARK S.  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  1.4 CITY-ST-ZIP  TITLE  DV DELETE  2.1 TITLE  DV Change Addition  Change Addition  Change Addition  LECHIN, GARY  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  Change Addition	11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  NAME  SCHECHNER, MARK S.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.4 CITY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ACITY-ST-ZIP  MIAMI FL  3.3 STREET ADDRESS  CITY-ST-ZIP				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I refer appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE    12.	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.				
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)   DATE	SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS     13. TITLE   D	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered —			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  SCHECHNER, MARK S.  12 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DV  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CTY-ST-ZIP  TITLE  DV  DELETE  2.1 TITLE  DV  NAME  LECHIN, GARY  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  Change  Addition	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE D NAME SCHECHNER, MARK S. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL  TITLE DV NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE DV LECHIN, GARY STREET ADDRESS CITY-ST-ZIP  TITLE DV DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP				
TITLE D DELETE 1.1 TITLE Change Addition  NAME SCHECHNER, MARK S. 12 NAME  STREET ADDRESS 2121 PONCE DE LEON BLVD. 1.3 STREET ADDRESS  CITY-ST-ZIP CORAL GABLES FL 1.4 CITY-ST-ZIP  TITLE DV DELETE 2.1 TITLE Change Addition  NAME LECHIN, GARY 22 NAME  STREET ADDRESS 1901 BRICKELL AVE 2104-B 2.3 STREET ADDRESS  CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	TITLE D DELETE 1.1 TITLE  NAME SCHECHNER, MARK S. 1.2 NAME  STREET ADDRESS  CITY-ST-ZIP CORAL GABLES FL 1.3 STREET ADDRESS  CITY-ST-ZIP DV DELETE 2.1 TITLE  NAME LECHIN, GARY  STREET ADDRESS  CITY-ST-ZIP MIAMI FL 2.3 STREET ADDRESS  CITY-ST-ZIP DELETE 3.1 TITLE  NAME DELETE 3.1 TITLE  NAME 3.3 STREET ADDRESS  CITY-ST-ZIP 3.4 CITY-ST-ZIP	DATE			
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1 # PTM	STREET ADDRESS 4.3 STREET ADDRESS		j		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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