COR	PROFIT PORATION			San	EPARTMENT	າມ				
	ial report <b>1996</b>				cretary of Stal					
	MENT #	L67484	4	(0)	)	<u>,</u>				
Corporation		el managem	ENT,	• • •						
incipal Place of Business				Mailing Address			U FUCTURI FUCTOR	1881 (81)) \$FU: 91911	010ft 010il 010i	F @1011 01011 F801
340 Biscayn Miami Fl 331				1570 MADRUGA A 211	venue. Suite	216				
JS				CORAL GABLES F	L 33146		3. Date incorporated or Qua 04/24/1990	alified <b>3a</b> . D	Date of Last F 06/20/19	•
Principal Pla	ace of Business		2a.	Mailing Address			4. FEI Number	I		Applied For
Suite, Apt. #	¥, etc.		26	Suite, Apt. #, etc		· · · ·	22-3039780 5. Certificate of Status Desi	red 🗖		Not Applicable 5 Additional
City & State			27	City & State			6. Election Campaign Finan			Required
			28	·			Trust Fund Contribution		Adde	IO May Be od to Fees
Zip	25	Country	29	Zip	30 Col	untry	8. This corporation has liab Florida Statutes	ility for intangibl		199.032
		Address of Current	t Regis	stered Agent		81 Name	10. Name and Address of	New Register	ed Agent	
1570 M/	Paul d Jr Adruga ne #2 Ables fl 334					82         Street Add           83	Iress (P.O. Box Number is Not Ac	ceptable)	E 85 Z	ip Code
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334	<b>16</b>	da. Sucl	h change was auth	norized by the	83 84 City	tress (P.O. Box Number is Not Ac pration submits this statement for ard of directors. I hereby accept t	F the ourpose of	changing its	registered offic
1570 M/ COAL G Pursuant to or registerr familiar wite NATURE	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the	Sections 607.0502 in the State of Floric obligations of, Section divance of registered agent a	da. Sucl ion 607 and litle if	h change was auth .0505, Florida Stat anplicable	NOTE: Registere	83 84 City	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	changing Its t as registered	registered offic d agent. I am
1570 M/ COAL G Pursuant to or register familiar wite NATURE	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the signalure typed or preter	6 Sections 607.0502 in the State of Floric obligations of, Section dname of registered agent OFFICERS AND	da. Sucl ion 607 and litle if	h change was auth .0505, Florida Stat anplicable	NOTE: Registere	83 84 City ove-named corpo corporation's boa	oration submits this statement for ard of directors. I hereby accept t	F the purpose of he appointment	changing Its t as registered	registered offic d agent. I am DRS IN 12
1570 MA COAL G Pursuant t or register tamiliar wit	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the signature typod or prette VP LEHODEY,	6 Sections 607.0502 in the State of Floric obligations of, Section diname of registered agent OFFICERS AND OHN F.	da. Sucl ion 607 and litle if	h change was auth .0505, Florida Stat applicable CTORS	(NOTE: Registere 13. 1.1	B3     B4 City     ove-named corporation's boo     d Agent signature recut	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	changing its t as registered E	registered offic d agent. I am DRS IN 12
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the Signature typed or preter	IS Sections 607.0502 in the State of Floric obligations of, Section d name of registered agent OFFICERS AND OHN F. RD.	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat agaleable CTORS	NOTE: Registere           13.           1.1           1.2 h	83 84 City ove-named corpo corporation's boo d Agent signature require	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its t as registered ND DIRECTO Change	registered offic d agent. 1 am DRS IN 12
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334 of the provisions of ed agent, or both, in, and accept the Signature tread or prete VP LEHODEY, v 2 OVERHILL SCARSDALE T	IS Sections 607.0502 in the State of Floric obligations of, Section of name of registered agent OFFICERS AND OHN F. RD. NY	da. Sucl ion 607 and litle if	h change was auth .0505, Florida Stat applicable CTORS	NOTE:         Register           13.         1.1           1.24         1.35           1.40         2.1	83       84     City       ove-named corporation's boat       d Agent signature require       thild       wave       thild       stream       stream       addition       thild       stream       corporation's boat	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	changing its t as registered E	registered offic d agent. I am DRS IN 12
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the Signature tread or print VP LEHODEY, A 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE PO	IS Sections 607.0502 in the State of Floric obligations of, Section of name of registered agent OFFICERS AND OHN F. RD. NY WAND RTALIS	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat agaleable CTORS	NOTE:         Registere           NOTE:         Registere           1.1         1.1           1.2         1.3           1.4         2.1           221         221	B3     B4 City     ove-named corporation's box     d Agent signature requir     thild     Agent signature requir     thild     Agent signature requir     Agent signature requir     Agent signature requir     Agent signature requir	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its t as registered ND DIRECTO Change	registered offic d agent. 1 am DRS IN 12
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, th, and accept the Signature typod or proto VP LEHODEY, 4 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POL PARIS, FRA	IS Sections 607.0502 in the State of Floric obligations of, Section of name of registered agent OFFICERS AND OHN F. RD. NY WAND RTALIS	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat agaleable CTORS	NOTE:         Registere           NOTE:         Registere           1.1         1.1           1.2         1.3           1.4         2.1           2.2         2.3           2.4         2.4	83       84     City       ove-named corporation's boat       d Agent signature reader       TiTLE       WME	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its t as registered ND DIRECTO Change	registered offic d agent. 1 am DRS IN 12
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typod or prete VP LEHODEY, 4 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WI	IS Sections 607.0502 in the State of Floric obligations of, Section of FICERS AND OFFICERS AND OHN F. RD. NY WAND RTALIS VCE LUAM E.	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat CTORS DELETE	Image: Notice of the second	83       84     City       ove named corporation's boat       d Agent signature reader       11TLE       WME       3TY-ST-ZIP       TITLE       VAME       STREET ADDRESS       STREET ADDRESS       STY-ST-ZIP	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its changing its as registered  Change  Change	Pregistered offic d agent. 1 am DRS IN 12 Addition
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or prefe VP LEHODEY, 4 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL 2 OVERHILL	IS Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NY RMAND RTALIS NCE LUAM E. RD.	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat CTORS DELETE	Image: Notice of the second	83       84       City       ove-named corporation's boat       d Agent signature require       TITLE       WME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STREET ADDRESS	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its changing its as registered  Change  Change	Pregistered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G Pursuant t or register familiar wit	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or prefe VP LEHODEY, 4 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WI 2 OVERHILL SCARSDALE SD	I6 Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NY RMAND RTALIS NCE LUAM E. RD. NY	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat CTORS DELETE	Image: Notice of the second	83       84       City       ove-named corporation's boat       d Agent signature require       TITLE       WME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       VAME       STREET ADDRESS       STY-ST-ZIP       TITLE       VAME       STREET ADDRESS       STY-ST-ZIP       TITLE	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Changing its changing its as registered  Change  Change	Pregistered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or print VP LEHODEY, A 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALE SD BARNS, PAI	I6 Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NCE LUAM E. RD. LUAM E. RD. NY JL D, JR	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat cTORS DELETE	Initial State         Initial State           INDIE: Registere         13.           1.1'         1.1'           1.2         1.35           1.4(         2.1           2.28         2.4(           3.1         3.21           3.3         3.4(           4.1         4.21	83       84       City       ove-named corporation's boo       d Agent signature requir       TITLE       WME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STRET ADDRESS	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change Change Change Change	registered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or print VP LEHODEY, A 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALE SD BARNS, PAI	IS Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NCE LUAM E. RD. LUAM E. RD. LUAM E. RD. LUAM E. RD. LUAM E. RD. LUAM E. RD. LUAM E. RD. LUAM E. RD.	da. Sucl ion 607 and litle if	h change was auti D505, Fiorida Stat CTORS DELETE DELETE DELETE	Initial State         Initial State           INDIE: Registere         13.           1.1'         1.1'           1.2         1.3           1.4(         2.1           2.21         2.3           2.4(         3.1           3.2         3.3           3.4(         4.1           4.21         4.3	83       84       City       ove-named corporation's boat       d Agent signature require       TITLE       WME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STY-ST-ZIP       TITLE       VAME       STREET ADDRESS       STY-ST-ZIP       TITLE       VAME       STREET ADDRESS       STY-ST-ZIP       TITLE	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change Change Change Change Change	registered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or print VP LEHODEY, o 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALE SD BARNS, PAI 1570 MADR CORAL GAE P	IS Sections 607.0502 in the State of Floric obligations of, Secti- OFFICERS AND OFFICERS AND OHN F. RD. NY MAND RTALIS VCE LIAM E. RD. NY JL D, JR UGA AVE #211 SLES FL	da. Sucl ion 607 and litle if	h change was auti .0505, Florida Stat cTORS DELETE	Initial State         Initial State           INDTE: Registere         13.           1.1'         1.1'           1.2         1.3           1.4(         2.1           2.21         2.3           2.4(         3.1           3.2         3.3           3.4(         4.1           4.21         4.3           4.1         4.21           3.3         3.4(           4.1         4.21           4.3         4.4(           5.1         5.1	83       84       City       ove-named corporation's boot       d Agent signature requir       Title       WME       STREET ADDRESS       STY-ST-ZIP       Title       WAME       STREET ADDRESS       STY-ST-ZIP       Title       WAME       STREET ADDRESS       STY-ST-ZIP       Title       WAME       STREET ADDRESS       STY-ST-ZIP       Title       STREET ADDRESS       STY-ST-ZIP       Title       VAME       STREET ADDRESS       STY-ST-ZIP       Title	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change Change Change Change	registered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G Pursuant to or register familiar wit NATURE E FT ADDRESS -S1-ZIP E E T ADDRESS -S1-ZIP E E ADDRESS -S1-ZIP E E ADDRESS -S1-ZIP E E ADDRESS -S1-ZIP E	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or print VP LEHODEY, o 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALE SD BARNS, PAI 1570 MADR CORAL GAE P BELLIN, JAC	IS Sections 607.0502 in the State of Floric obligations of, Secti- OFFICERS AND OFFICERS AND OHN F. RD. NY MAND RTALIS VCE LIAM E. RD. NY JL D, JR UGA AVE #211 SLES FL	da, Sucl ion 607 and litle if D DIREC	h change was auti D505, Fiorida Stat CTORS DELETE DELETE DELETE	Initial State         Initial State           INDTE: Registere         13.           1.1'         1.1'           1.2         1.3           1.4(         2.1           2.3         2.4(           3.1         3.2           3.3         3.4(           4.1         4.21           4.2         4.3           4.1         4.21           4.2         1.1'           3.3         3.4(           4.1         4.21           4.35         4.4(           5.1         5.21	83       84       City       ove-named corporation's boo       d Agent signature requir       Title       wME       STREET ADDRESS       STY-ST-ZiP       Title       WAME       STREET ADDRESS       STY-ST-ZiP       Title       WAME       STREET ADDRESS       STY-ST-ZiP       Title       WAME       STREET ADDRESS       SITY-ST-ZiP       Title       WAME       STREET ADDRESS       SITY-ST-ZIP       Title       VAME       STREET ADDRESS       STRET ADDRESS       STRET ADDRESS       STRET ADDRESS       STRET ADDRESS	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change Change Change Change Change	registered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the Signature typed or print VP LEHODEY, o 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALE SD BARNS, PAI 1570 MADR CORAL GAE P BELLIN, JAC	I6 Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NY WAND RTALIS VCE LIAM E. RD. NY JL D, JR UGA AVE #211 SLES FL COUES ARLES LINDBERG	da, Sucl ion 607 and litle if D DIREC	h change was auti D505, Fiorida Stat arrainable CTORS DELETE DELETE DELETE DELETE	Initial State         Initial State           INDTE: Registere         13.           1.1'         1.1'           1.2         1.3           1.4(         2.1           2.2         2.3           2.4(         3.1           3.2         3.3           3.4(         4.1           4.21         4.3           3.3         3.4(           5.1         5.2           5.3         5.4(	83         84         City         ove-named corporation's boot         d Agent signature requir         Title         WME         STREET ADDRESS         XIY - ST - ZIP         Title         WAME         STREET ADDRESS         XIY - ST - ZIP         Title         WAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         WAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         VAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         VAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         VAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         VAME         STREET ADDRESS         DIY - ST - ZIP         TITLE         VAME         STREET ADDRESS         DIY - ST - ZIP	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change     Change     Change     Change	Pregistered offic d agent. 1 am DRS IN 12 Addition Addition
1570 MA COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the signature typed or print VP LEHODEY, v 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALI SD BARNS, PAI 1570 MADR CORAL GAE P BELLIN, JAQ 20 AVE CHJ	I6 Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NY WAND RTALIS VCE LIAM E. RD. NY JL D, JR UGA AVE #211 SLES FL COUES ARLES LINDBERG	da, Sucl ion 607 and litle if D DIREC	h change was auti D505, Fiorida Stat CTORS DELETE DELETE DELETE	Initial State         Initial State           INDIE: Registere         13.           1.11         1.11           1.21         1.35           1.44         2.1           2.35         2.40           3.1         3.21           3.21         3.3           3.40         4.1           4.27         4.35           4.40         5.1           5.21         5.33           5.40         6.1	83       84       City       ove-named corporation's boot       d Agent signature requir       TiTLE       WME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       WAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change Change Change Change Change	registered offic d agent. 1 am DRS IN 12 Addition
1570 M/ COAL G	ADRUGA NE #2 ABLES FL 334 o the provisions o ed agent, or both, h, and accept the signature typed or print VP LEHODEY, v 2 OVERHILL SCARSDALE T SEBBAN, AI 12 RUE POI PARIS, FRA AT TASSIN, WII 2 OVERHILL SCARSDALI SD BARNS, PAI 1570 MADR CORAL GAE P BELLIN, JAQ 20 AVE CHJ	I6 Sections 607.0502 in the State of Floric obligations of, Section OFFICERS AND OFFICERS AND OHN F. RD. NY WAND RTALIS VCE LIAM E. RD. NY JL D, JR UGA AVE #211 SLES FL COUES ARLES LINDBERG	da, Sucl ion 607 and litle if D DIREC	h change was auti D505, Fiorida Stat arrainable CTORS DELETE DELETE DELETE DELETE	Initial State         Initial State           INDIE: Registere         13.           1.11         1.11           1.21         1.35           1.44         2.1           2.35         2.40           3.1         3.21           3.3         3.40           4.1         4.21           4.21         3.3           3.40         4.1           4.21         5.33           5.40         6.1           6.21         6.21	83       84       City       ove-named corporation's boot       d Agent signature requir       TiTLE       WME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       STY-ST-ZIP       TiTLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       WAME       STREET ADDRESS       CITY-ST-ZIP       TITLE       STREET ADDRESS       CITY-ST-ZIP       TITLE       VAME       STREET ADDRESS       CITY-ST-ZIP       TITLE	pration submits this statement for and of directors. I hereby accept the red when reinstating?	F the purpose of he appointment	Change     Change     Change     Change	Pregistered offic d agent. 1 am DRS IN 12 Addition Addition