LANAL BEACH FL 33179  S  L RANGERCH FL 33179  L Phindpail Place of Business  A Mining Address  State ApJ, 4, etc.  Suite, ApJ, 4, etc.  Suite, ApJ, 4, etc.  City & State	<ol> <li>Entity Nam</li> <li>REPROT</li> </ol>	MENT # <b>L91346</b>		JALFC	DRT (UBR)		Mar 22 Secret	FILE , 2000 ary 0	) 8:0 f St	ate
Difference       State       COUNTY       State       COUNTY       Difference       Diffe	Principal Plac	e of Business	Mailing	Address	· · · · · · · · · · · · · · · · · · ·					
Data BEACH FL 33179         During EACH FL 331732127         CUUV 425 5.3           2. Principal Place of Business         3. Meiling Address         DO NOT WHITE IN THIS SPACE           2. Mincipal Place of Business         3. Meiling Address         DO NOT WHITE IN THIS SPACE           2. Mincipal Place of Business         3. Meiling Address         4. FEI Number         DO NOT WHITE IN THIS SPACE           2. Mane and Address of Current Registerie Agent         A. FEI Number         5. Centricate of Status Desided         Stat. 75 Address           7. Name and Address of Current Registerie Agent         Name         T. Name and Address of New Registered Agent         New Registered Agent           ROZENMAN, JORGE         State Place of Status Desided         State Place of Co. Box Number is Not Acceptable)         State Place of Co. Box Number is Not Acceptable)           N. MAAM BEACH FL 33179         Control         State Address of Co. Box Number is Not Acceptable)         DMT           8. This colocation is eligible to sately in Intrangole         FILE NOWITH FEE IS \$150.00         Mare         DMT           8. This colocation is eligible to sately in Intrangole         FILE NOWITH FEE IS \$150.00         Mare         DMT           8. The colocation is eligible to sately in Intrangole         FILE NOWITH FEE IS \$150.00         Mare         DMT           8. The colocation is eligible to sately in Intrangole         FILE NOWITH FE	20815 NE 16 A	W	20815 N	E 16 AV						
Princ pail Place of Business     Advess     Suile, Apt. #, etc.     ON OT WRITE IN THIS SPACE     ON OT WRITE IN THIS SPA	B37 N. Miami Beac	CH FL 33179		BEACH FL 3317	9-2127		C00	42553		
Suite, Apt. #, etc	US									
City & State       City & State       4. FEI Number       65-0220503       Applied For: Not Applicable         Zip       Country       Zip       Country       5. Certificate of Status Desired       Stats 7.5 Adjustment Not Applicable         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florics.         SIGNATURE       Store Address 7.00 May Beacher Agent         3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florics.         SIGNATURE       Store Address 7.00 May Beacher May 1, 2000 Fee will be \$550.00 Atter	2. Principal P	Place of Business	3. Mailin	ig Address						
Zip     Country     Zip     Country     Status Desired     INM Applicable       Zip     Country     6. Centificate of Status Desired     G Status Desired     F5. Addemail Face Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name       ROZENMAN, JORGE 19521 NE. 197H AVE. N. MIAMI BEACH FL 33179       7. The above named entity submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.       SIGNATURE Sector provide agent works in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.       SIGNATURE Sector provide agent works in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.       SIGNATURE Sector provide agent works in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.       SIGNATURE Sector provide agent works in statement for the purpose of changing its registered agent, or both, in the State of Florica.       INTE CONVILL FEE IS \$150.00 Atter MAX 1, 2000 Fee will be \$550.00 POZENMAN, JORGE 1921 N.E. 191H AVE New Max 1921 N.E. 191H AVE New Max 1922 N.E. 191H AVE Ne	Suite, Apt.	#, etc.	Suite	Suite Apt. #, etc.			DO NOT WR	ITE IN THIS SP	ACE	
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ROZENMAN, JORGE 19521 N.E. 19TH AVE. N. MIAMI BEACH FL 33173       Name         Street Address (FO. Box Number is Not Acceptable)       Street Address (FO. Box Number is Not Acceptable)         City       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       ONTE: Registered agent, or both, in the State of Florida.         SIGNATURE       Sequence, type of crited name of negative agent are the langtable       (NOTE: Registered affect or registered agent, or both, in the State of Florida.         SIGNATURE       Sequence, type of crited name of negative agent are the langtable       (NOTE: Registered affect or registered agent, or both, in the State of Florida.         SIGNATURE       Sequence, type of crited name of negative agent agent are the langtable       (NOTE: Registered agent, or both, in the State of Florida.         SIGNATURE       Sequence, type of crited name of negative agent agent are the langtable       (NOTE: Registered agent, or both, in the State of Florida.         SIGNATURE       Anter MAY 1, 2000 Fee will be S550.00       This End Continuition.       Addel to Fees         Name       OPRICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Inter       Delete       This       Addellon         Name       Sitest Addelss       Change       Addellon         Name       Sitest Addelss	<b>_</b> .	6 Norre and Address of Current	t Baglötarad	Agent	<u> </u>			Fe	e Require	
19521 N.E. 19TH AVE.       N. MAMI BEACH FL 33179            City		6. Name and Address of Currer	ni negistered	Agent	Name	7. 144	The and Address of New 1	negistered <u>Ag</u>	¢II.	
N. MIAMI BEACH FL 33179       City       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       State of Florida.         SIGNATURE				Street Addre		ess (P.O. Bo>	Number is Not Acceptabl	e)		<u></u>
City     FL     Zip Code       A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.     State of Florida.       SIGNATURE     Signature, had of predictance dirigibered agent wid tile flackable.     (NOTE Registered Agent signature mound when netrothing)     DATE       9. This corporation is eligible to statisfy its Intangible Tast ling requirement and elects to do so.     After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State     10. Election Campaign Financing Trust Fund Controlution.     \$5.00 May Be Added to Fees       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       11.     OFFIC										
A. The above named entity submits this statement for the purpose of changing its registered dice or registered agent, or both. In the State of Florida. SIGNATURE Signature, typed or private name of nightered agent and the It applicable.  B. This corporation is eligible to satisfy its Intangible Tax ling requirement and elects to do so. (See official not back)  PD OFFICERS AND DIRECTORS II.  OFFICERS AND DIRECTORS III.  OFFICERS AND ARD III.  OFFICERS AND ARD III.  OFFICERS AND III.  OFFICERS AND IIII.  OFFICERS AND III.  OFFICERS AND III.  OFFICERS AND					City				Zip Code	e
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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 impowered 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 appears, with all other like empowered.	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE	N. MIAMI BEACH FL VD ROZENMAN, RITA 19521 N.E. 19TH AVE		Delete	NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP			[ [ [	Change Change Change Change	Addition Addition Addition Addition
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