## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## **CORPORATION**



FLORIDA DEPARTMENT OF STATE

	JAL REPORT	Secretary	-	Secretai	ry of Sta	ate
	1997	DIVISION OF C	ORPORATIONS	_		
DOCU	MENT # L91553	(2)				
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MAKK A	. COLTRAIN, P.A.			t themsel aim thing thing dithe suits in	ar Kadar Broke Basar Giber Geble	*******
Principal Place	e of Business	Mailing Address		{	H OLEN BIEN GLEN GLEN GHEN GLEN	81811 4881
1130 WASHINGTON AVE		P.O. BOX 190708				
5TH FLOOR MIAMI BEACH	£1 90490	MIAMI FL 33119-0708		}		
US DENOT	FL 90199			3. Date Incorporated or Qualified	3a. Date of Last R	eport
				08/01/1990	03/06/1996	
· · · · ·	lace of Business	2a. Mailing Address		4. FEI Number		oplied For
Suite, Apt	# etc	Suite, Apt. #, etc		65-0235157	60 7E	Additional
22	7, 7, 7	27		6. Certificate of Status Desired	Fee Re	
City & State	0	City & State		6. Election Campaign Financing	\$5.00	May Be
23	Country	28 Zip	Country	Trust Fund Contribution	Added t	
Ζip [ <b>24</b> ]	25		30	This corporation has liability for Florida Statutes	rintangible tax under s ☐ Yes ☐ No	. 199.032,
27]	9. Name and Address of Curren			10. Name and Address of New Ro		
LOT	SPEICH, BRADSHAW TAYLOR		61 Name	CHAU HENRY		
	S. MIAMI AVE.		82 Street Add	iress (P.O. Box Number is Not Accepta	ble)	4
MIA	MI FL 33130		83 // 3	O WASHINGTON	MYR 5"	FLOOR
						<u> </u>
			84 CM	AMI BCH	FL 85 29	2 29
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-hamed cor	poration submits this statement for the	purpose of changing it	is registered
agent La	m familiar with and accept the obliga	tions of Southern 607.0505, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the ation's board of directors, I hereby acce	opt the appointment as	registered
SIGNATURE				·	4127191	Z Z
SIGNATURE	ofgrature, typed or printed name of improvered age	ot and little if applicable (NOT)	uthorized by the corpora rida Statutes.  Registered Agent signature requ	·	DATE	
SIGNATURE	Speakure, lysted or printed name of postered age OFFICERS AND	ot and little if applicable (NOT)	Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE	OFFICERS AND LOTSPEICH, BRADSHAW T.	oc and little if applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	IS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS	D LOTSPEICH, BRADSHAW T. 950 S. MIAMI AVE.	oc and little if applicable (NOTE	Replatered Agent signature required.  13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	IS IN 12
SIGNATURE  12. DILE NAME STREEL ADDRESS DITY-SI-ZIP	OFFICERS AND LOTSPEICH, BRADSHAW T.	or and little if applicable (NOTE) DIRECTORS	Registered Agent signature required.  13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR Change	IS IN 12
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