2000 UNIFORM BUSINESS REPORT (UBR)

						SECRETARY OF STATE VISION OF CORPORATIONS				
Principal Place of Business 2735 W 61 PL. SUITE 106 HIALEAH FL 33016 Mailing Address P.O. BOX 347364 CORAL GABLES FL 33234					OFEB 24 AM II: 40					
2. Principal Place of Business . 3. Mailing Address .					1			(61(83 (()) 1 26)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE						
City & State	e	City & State			4. FEI I	65-0798526	_	_	pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired		5.00 Add		
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Reg	istered Ag	ent		
DAVILA, JAIME 2735 W 61 PL, SUITE 106					s (P.O. Box N	Number is Not Acceptable)				
HIALEAH FL 33016				City	-		Pi	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its r			cociator							
6. The above	maried entity submits this statement to	r the purpose of changing its	registen	ed office or regist	ered agent,	or both, in the State of Florid	d.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature requi	red when reinstal	ling)	DATE			
		FILE N Make Check Pa		FEE IS \$50.00 to Department						
9.	MANAGING MEMB	ERS/MEMBERS	10.	·		ADDITIONS/CI				
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVILA, JAIME 2735 W 61 PL, SUITE 106 HIALEAH FL 33016	□ Delute					l	_) Chauge	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVILA, JORGE 2735 W 61 PL, SUITE 106 HIALEAH FL 33016	☐ Delete		l		N37/00	ĺ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta		I	•	5000031 -03/10/0 *****50	556 0011	Change 75- 060		
TITLE NAME STREET ADDRESS CITY-8T-ZIP	,	☐ Delata	_	. [•			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R it	☐ Delato		ſ				Change	Addition	
TI. 12 NAME STREET ADDRESS CITY- ST- ZIP		, Celeto		, ,				Change	Addition	
indicatéd limited lial	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have	the same	e legal effect as if	made unde	r oath; that I am a managing orida Statutes.	g member			
SIGNAT		TED NAME OF SIGNING MANAGING	MEMBER (OR MANAGER		Feb 16, 2000	Day	time Phone #		