LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # 1 08000000000000000000000000000000000					Secretary of State		
DOCUMENT #29800000197					05-12-2002 90598 026 ****50.00		
TRI	AD INTERNIATIO	NIAL CONSULT	MITE II A				
, , , , , ,	AD INTERNATION	NAC WNOUCH	ANIO, LLC	-			
						00.5	
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address 9145 14TH AVENUE 3145 14TH A			NENLIF	UF			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		SPACE		
SUITE J4 SUITE J4 City & State City & State			4. FEI Number Applied For				
VERO BEACH FL VERO BEACH			FUCountry	59- 35 00 540 Not Applicable			
309	, ,	33960	USA	5. Certificate of		\$5.00 Additional Fee Required	
	•		Name	- 3	ress of Current Registered		
DO NOT WRITE Street A				SS (P.O. Box Number is Not Acceptable)			
	IN THIS SF	ACE	Street Address (P.O. Box Number is Not Acceptable) 3145 4TH AVENUE				
\			City	SUITE	34	Zip Code	
			1	Vero Bea		Zip Code 33960	
8. The above	e named entity shomits this statement fo	r the purpose of changing its re-					
SIGNATURE	Signature typed or principl name of registered agents	RICI and title if applicable.	K J. HE	3 CHIORI	PRINCIPA	4L	
			E IS \$50.00				
			ble to Department E BY MAY 1	of State			
9.	MANAGING MEMBE						
TITLE	P LOW T WE GIVE		TITLE			(10%	
NAME STREET ADDRESS	RICK J. MELCHI 2145 19TH AVEN	USI JUE SUITE SA	NAME Street Address			3	
CTY-ST-ZIP	VERO BEACH FL	JUE 50 TE 94				CR2E083B (12001)	
NAME			TITLE NAME			CR	
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
NAME STREET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP **	DO	-NOT WRI	TE	
TITLE			TITLE	IN	THIS SPAC	:F	
NAME STREET ADORESS			NAME STREET ADDRESS			-	
CITY-ST-ZIP			CITY-ST-ZIP				
NAME			TITLE NAME				
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
name Street address	•		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have the	same legal effect as if	f made under oath: th	at I am a managing membe	ify that the information r or manager of the	
limited lia	ibility company or the receiver or trustee	empowered to execute this rep	ort as required by Cha	apter 608, Florida Stat	utes.		
SIGNAT	URE: A	- , PRINCIP	PAL.	41:	20/02 (771	770-4707	
JOIM	SIGNATURE AND TYPED OR PRINTED NAME OF		ER, OR AUTHORIZED REPRE	SENTATIVE	Date Di	evime Phone f	