

DOCUMENT # L98184

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

05-13-2003 90043 033 \*\*\*150.00

0267649 AV

[illegible]☐ CHECK HERE IF MAKING CHANGES

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>65-0215445</b> | Applied For    |
|                                    | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAZLOFF, HOWARD W  
9200 SOUTH DADELAND BLVD  
STE 420  
MIAMI FL 33156

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FI

Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |  |  |   |
|--|---|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MARX, ALFRED</b><br><b>9200 SOUTH DADELAND BLVD., STE 420</b><br><b>MIAMI FL 33156</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (10/02)

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #