Concretion Name         CPUECOLO           S & A DISTRIBUTORS OF MIAM, INC.           Goal Place of Business         Maing Address           and STRET         C/O WAR & COMEZ P.A. GOAL STREET         C/O WAR & COMEZ P.A. GOAL STREET           and STRET         C/O WAR & COMEZ P.A. GOAL STREET         Do Not WRITE IN THIS SPACE           and Address         Za. Maing Address         4. F6I Mumber           and Address         Za. Maing Address         4. F6I Mumber           and Address         Za. Maing Address         592573171           and Address         Control of Business         Za.           and Address of Corrently         Zip         Control of Business (Prioritopic)           and Control of Business of Corrently         Zip         Control of Business (Prioritopic)           and Control of Business of Corrently         Zip         Control of Business (Prioritopic)           and Corrently         Zip         Sine         That Fund Control Moderss of New Regulatered Agent           Goal Reficicle, Key D R         Zip         Sine Address of New Regulatered Agent         Sine Address of New Regulatered Agent	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		Katherin Secretary			<b>1999 8:</b> ary of St 90003 005 ***15	ate
S & A DISTRIBUTORS OF MIAM, INC.         Goat Place of Business       Mailing Address         Grav Place of Business       C/D NWA & CORE 2.P.A.         or ON CRUELL RY DO SUME       DO NOT WRITE IN THIS SPACE         Jan A State       DO NOT WRITE IN THIS SPACE         Jan A Contract       2a         Jan A State	OCUMENT # M2	0825					
open Place of Business         Mailing Address         CO WAR A COMEZ PA 60 BRACKEL KEY DR. SUITE S07 MARK PL 53172         DO NOT WRITE IN THIS SPACE           IF R. 33172         Control Place of Business         Za. Mailing Address         4. FEI Number	,	MIAMI, INC.			A HARMARY IZA MANA ARARA ZAIZA AN	Alt bill difth statt bills fi	11 01011 01011 1 <b>0</b> 01
NM & STRET       CO UNA & COREZ P.A. SO BRANCELL KEY DR. SUITE SOT UNA F. SO101 US       DO NOT WRITE IN THIS SPACE         Vincipal Place of Business       24. Malling Address       4. FEI Ninther       Applied FO         19 & State       29       Country       5. Cate incorporated or Gualified (9/19/1985)       3. Cate incorporated or Gualified (9/19/1985)         30 & Apti. #. etc.       30 & Apti. #. etc.       5. Cate incorporated or Gualified (9/19/1985)       5. Cate incorporated or Gualified (9/19/1985)         30 & Country       29       Country       5. Cate incorporated or Gualified (9/19/1985)       5. Cate incorporated or Gualified (9/19/1985)         30 & Country       29       Country       1. Cate incorporate onws the current years (9/19/19/1996)       5. Opt. App. Ben. (9/19/19/1996)       5. Opt. App. Ben. (9/19/19/19/19/19/19/19/19/19/19/19/19/19	ncipal Place of Business	Mailing	Address				
MANA F, 2313     Date Incorporate of Cull       US     3. Date Incorporate of Cull       Procipal Place of Business     2a. Mailing Address       27     28       28. Mailing Address     4. EEI Number       29. Country     29       20 y & State     3. Centrate of Status Desired       20 y & State     21       20 y & State     22       20 y & State     23       20 y & State     23       21 y & State     29       22 y     Country       23 y     29       24 & EEI Number     10 Name and Address of Current Registered Agent       30 w State     30       9. Name and Address of Current Registered Agent     10       31 MAMIE L 33131     31       32 State     31       33 W State     31       34 GONEZ, IVAN A PA     60 BR/CKELL KEY DR       SUFE SOT     32       35 State     32       36 OF BR/CKELL KEY DR     324       37 OF Distant to be objection of Social Status       37 OF Clearst Number is Not Acceptable)       38 OF Clearst Number is Not Acceptable)       39 OF Clearst Address of OF COSC, Find Status       39 OF Clearst Address of OF COSC, Find Status       30 OF Clearst Address of OF COSC, Find Status       30 OF Clearst Address of OF COSC,	NW 94 STREET	C/O IVAI	n a. gomez. p.a.	ITE 507			
Procept Place of Business         2a.         Mailing Address         4.         FEI Number         Applied For           20         State. Apt. #, etc.         20         State. Apt. #, etc.         59-2573171         \$8.75 Additional           2hy & State         21         Country         21         Country         Control Status Desired         XD         \$5.00 May, Reg.           2hy & State         22         Country         2         Country         8. This corporation oves the current rest interdiotion         Addition of terms           9.         Name and Address of Current Registered Agent         40. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           GOMEZ, IVAN A PA         601 BRICKELL KEY DR         82         Street Address (P.O. Box Number is Not Acceptable)         10. Name and Address of Ourent Registered Agent         10. Name and Address (P.O. Box Number is Not Acceptable)         10. Name and Address (P.O. Box Number is Not Acceptable)         10. Name and Address (P.O. Box Number is Not Acceptable)         10. Name           SUITE 507         MIAMI FL 33131         10         10. Name and Address (P.O. Box Number is Not Acceptable)         10. Name           During in provisions of Sactions 80/0 DSUITE 507         10. Name         10. Name         10. Name         10. Name		MIAMI FL			3. Date Incorporated or Qualifed		•
Suite, Apt. #, etc.       20       Suite, Apt. #, etc.       S. Continuation of Status Desired       \$         \$             Status Desired       \$             Status Desired	Principal Place of Business	2a. Maili	ing Address		4. FEI Number		· · · · · · · · · · · · · · · · · · ·
27     Clify & State     28     Clify & State     28     State     28     State     35.00. May Bag. Added to Fees       28     28     28     29     Country     29     Country     30     Trust Fund Contribution     35.00. May Bag. Added to Fees       9     Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       GOMEZ. IVAN A PA 601 BRICKEL, KEY DR SUITE 507 MIAMI FL 33131     82     Street Address (P.O. Box Number is Not Acceptable)     55       91     Clift Clift Clift Clift Clift Clift Stop Florids Statues.     82     Street Address of New Registered Agent       92     Street Address (P.O. Box Number is Not Acceptable)     53     29     Col       92     Street Address (P.O. Box Number is Not Acceptable)     53     29     Col       93     Turn familiar Wills, and accept the Street of Florids, Stuch change was authorized of corons to submits this statement for the purpose of changing the registered agent.1 and familiar Wills, and accept the Street of Florids, Stuch change was authorized and diversers.     185     ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12       0     OFFICERS AND DIRECTORS     13     ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12       0     OFFICERS AND DIRECTORS     13     ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12       0     OFFICERS AND DIRECTORS <td< td=""><td>Suite, Apt. #, etc.</td><td>····</td><td>e, Apt. #, etc.</td><td></td><td></td><td>\$8.7</td><td></td></td<>	Suite, Apt. #, etc.	····	e, Apt. #, etc.			\$8.7	
Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to the provisions of Sections #07 0502 and 507 1508. Florids Statutes.         Image: control to sections #07 0502 and 507 1508. Florids Statutes.         Image: control to sections #07 0502 and 507 1508. Florids Statutes.         Image: control to sections #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 1508. Florids Statutes.         Image: control to section #07 0502 and 507 0502 and	· · · ·	· · · · · · · · · · · · · · · · · · ·				- Fee	
Image:	City & State		& State				
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       GOMEZ. IVAN A PA 601 BRICKELL KEV DR SUITE 507 MIAMI FL 33131     61     Name       Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant maintain with, and accepte the obligations of Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant maintain with, and accepte the obligations of Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant maintain with, and accepte the obligations of Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant maintain with a speckee       OPT     OFFICERS AND DIRECTORS     13.       OPT     OFFICERS AND DIRECTORS     13.       OPT     OLICE Registered Agent speckee     Change       SAMOUR, GEORGE     13.STREET ADDRESS       State 12, Volue     13.STREET ADDRESS       DVP     DELETE     11.TILE       DCVP     0ELETE     11.TILE       State 12, Volue     13.STREET ADDRESS       State 12, Volue <td< td=""><td> , ····· ,</td><td></td><td>- [.</td><td> /</td><td></td><td>-</td><td>No</td></td<>	, ····· ,		- [.	/		-	No
GOMEZ, IVAN A PA GOI BRICKELL KEY DR SUITE 507 MIAMI FL 33131						Registered Agent	
601 BRICKELL KEY DR       SUITE 507         MIAMI FL 33131       81         94       City       FL       85       Zip Code         Promaunt to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations 607.0505. Florida Statutes.       Not change a state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations 607.0505. Florida Statutes.         NATURE       Spanter. typed or private area drepased agent and tits a state accept the appointment as registered agent appoint with and accept the obligations of Section 607.0505. Florida Statutes.       DOTE         OFFICERS AND DIRECTORS       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         OFFICERS AND DIRECTORS       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         SAMOUR, GEORGE       12 multic       13 mile       13 mile         ST-2P       MIAMI FL 33172       14 cm's str.2P       14 cm's str.2P         BIOO NW 94 STREET       23 street ADDRESS       13 street ADDRESS         Str.2P       MIAMI FL 33172       24 cm's str.2P       12 multic         Str.2P       MIAMI FL 33172       24 cm's str.2P       12 multic       12 multic         Str.2P       MIAMI FL 33172	GOMEZ, IVAN A PA				room (P.O. Poy Number is Not Accept	able)	
MIAMI FL 33131							
Paramet to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing is registered agent. Tam familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes.         NATURE       Sequence to the obligations of, Section 607, 0505, Florida Statutes.         OFFICERS AND DIRECTORS       13.         OPT       DELETE         SAMOUR, GEORGE       11 TITLE         SAMOUR, GEORGE       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         SAMOUR, GEORGE       11 TITLE         SAMOUR, GEORGE       12 NAME         SAMOUR, GEORGE       12 NAME         BIO NW 94 AVE       13 STREET ADDRESS         Grave       10 DELETE         D CVP       DELETE         SAMOUR, ANTON       22 NAME         SAMOUR, ANTON       22 NAME         SARAOUR, ANTON       33 STREET ADDRESS         18:00 NW 94 STREET       23 STREET ADDRESS         18:00 NW 94 STREET       23 STREET ADDRESS         18:00 NW 94 STREET       33 STREET ADDRESS         18:00 NW 94 STREET       33 STREET ADDRESS         18:00 NW 94 AVE       41 STREET ADDRESS	SUILE SUZ						
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept in the appointment as registative agent, and antifice with and accept the obligations of Section 607/5005, Phone as a state of the appointment as registative agent and antifice appointment as registative agent and accept the obligations of Section 607/5005, Phone as a state of the appointment as registative agent and accept the obligations of Section 607/5005, Phone as a state of the appointment as registative agent and accept the obligations of Section 607/5005, Phone as a state of the appointment as registative agent and accept the obligations of Section 607/5005, Phone as a state of the appointment as registative and accept the appointment as registative agent and accept the appointment as registative and accept the appointment as registative agent and accept the appointment as registative agent and accept the appointment as registative and accept the appointment and							
DPT       DELETE       1.1 TTLE       Change       Additic         SAMOUR, GEORGE       12 WAWE       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS         Str.2P       MIAMI FL 33172       14 GTY-ST-2P       14 GTY-ST-2P       14 GTY-ST-2P       14 GTY-ST-2P         D       DELETE       21 TTTLE       Change       Additic         Str.2P       MIAMI FL 33172       24 GTY-ST-2P	MIAMI FL 33131 Pursuant to the provisions of Section	in the State of Florida, Su	ich change was au	84 City s, the above-named cor thorized by the corporat	poration submits this statement for the ion's board of directors. I hereby accep	FL	its registered
ET ADDRESS       1800 NW 94 AVE       1.3 STREET ADDRESS         ST-2P       MIAMI FL 33172       14 CITV-ST-2P         D       DELETE       21 TITLE         ATICK, JOE       23 STREET ADDRESS         1800 NW 94 STREET       23 STREET ADDRESS         ST-2P       MIAMI FL 33172         DCVP       DELETE         ST-2P       MIAMI FL 33172         Change       Additic         ST-2P       MIAMI FL 33172         ST-2P       DELETE         SAMOUR, ANTON       32 MME         ST-2P       MIAMI FL 33172         ST-2P       DELETE         ATICK, THEODORA       32 MME         ST-2P       OELETE         ATICK, THEODORA       4 CITV-ST-2P         ST-2P       MIAMI FL 33172         D       OELETE         4 CITV-ST-2P         MIAMI FL 33172       4 CITV-ST-2P         ST-2P       MIAMI FL 33172         MIAMI FL 33172       4 CITV-ST-2P         ST-2P       DELETE         ST-2P       ST-2P         MIAMI FL 33172       4 CITV-ST-2P         ST-2P       DELETE         ST-2P       ST-2P         ST-2P       ST-2P <th>MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of</th> <th>in the State of Florida. Su of the obligations of, Section of registered agent and title if applications</th> <th>ach change was au ion 607.0505, Flori able. (NOTE: I</th> <th>84 City s, the above-named cor thorized by the corporat da Statutes.</th> <th>ed when reinstating)</th> <th>PL purpose of changing pt the appointment as</th> <th>its registered registered</th>	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of	in the State of Florida. Su of the obligations of, Section of registered agent and title if applications	ach change was au ion 607.0505, Flori able. (NOTE: I	84 City s, the above-named cor thorized by the corporat da Statutes.	ed when reinstating)	PL purpose of changing pt the appointment as	its registered registered
ST-ZP       MIAMI FL 33172       14 GTY-ST-ZP         D       DELETE       2.1 TTLE       Change       Addito         ET ADDRESS       1800 NW 94 STREET       23 STREET ADDRESS       24 GTY-ST-ZP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE SIgnature, typed or printed name of OF	in the State of Florida. Su of the obligations of, Section of registered agent and title if applications	ion 607.0505, Flori able. (NOTE: I	84 City s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 ITLE	ed when reinstating)	Purpose of changing pt the appointment as DATE FICERS AND DIREC	its registered registered
Image: Contract of the contract	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE	in the State of Florida. Su of the obligations of, Section of registered agent and title if application	ion 607.0505, Flori able. (NOTE: I	84     City       s, the above-named corthonized by the corporated by the corporated by the corporated statutes.       Registered Agent signature required 13.       1.1 TITLE       1.2 NAME	ed when reinstating)	Purpose of changing pt the appointment as DATE FICERS AND DIREC	its registered registered
FT ADDRESS       Addition         ISOO NW 94 STREET       23 STREET ADDRESS         IST-ZIP       MIAMI FL 33172         DCVP       DELETE         SAMOUR, ANTON       32 MAME         ISOO NW 94 STREET       33 STREET ADDRESS         IST-ZIP       MIAMI FL 33172         MIAMI FL 33172       34 CITY-ST-ZIP         ISOO NW 94 STREET       33 STREET ADDRESS         IST-ZIP       MIAMI FL 33172         D       DELETE         ATICK, THEODORA       4.2 MAME         ISOO NW 94 AVE       4.3 STREET ADDRESS         ISOO NW 94 AVE       4.3 STREET ADDRESS         IST-ZIP       MIAMI FL 33172         ATICK, THEODORA       4.2 MAME         IST-ZIP       DELETE         IST-ZIP       MIAMI FL 33172         MIAMI FL 33172       44 CITY-ST-ZIP         IST-ZIP       DELETE         ST-ZIP       DELETE	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of DPT E E E E E E E E E E E E E E E E E E E	in the State of Florida. Su of the obligations of, Section of registered agent and title if application	ich change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named corthorized by the corporated by the corporated by the corporated statutes.       Registered Agent signature required 13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS	ed when reinstating)	Purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	its registered registered TORS IN 12 ie Additio
DCVP       DELETE       3.1 Title       Change       Addition         EET ADDRESS       SAMOUR, ANTON       32 NAME       33 STREET ADDRESS       33 STREET ADDRESS         ST-ZIP       MIAMI FL 33172       34 (TY-ST-ZIP       Change       Addition         E       D       DELETE       4.1 Title       Change       Addition         E       D       DELETE       4.1 Title       Change       Addition         E       ATICK, THEODORA       4.2 NAME       4.3 STREET ADDRESS       Addition         ST-ZIP       MIAMI FL 33172       DELETE       4.1 Title       Change       Addition         ET ADDRESS       1800 NW 94 AVE       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D	in the State of Florida. Su of the obligations of, Section of registered agent and title if application	ich change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named corthorized by the corporated by the corporated by the corporated statutes.     13.       1.1     11.1       1.2     NAME       1.3     STREET ADDRESS       1.4     CITY-ST-ZIP       2.1     TITLE	ed when reinstating)	Purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	its registered registered TORS IN 12 ie Additio
BOVT       32 NAME         SAMOUR, ANTON       33 STREET ADDRESS         1800 NW 94 STREET       33 STREET ADDRESS         ST-ZIP       MIAMI FL 33172         D       DELETE         A TICK, THEODORA       4.1 TITLE         ET ADDRESS       1800 NW 94 AVE         ATICK, THEODORA       4.2 NAME         ET ADDRESS       1800 NW 94 AVE         MIAMI FL 33172       4.2 NAME         ET ADDRESS       1800 NW 94 AVE         MIAMI FL 33172       4.2 NAME         ET ADDRESS       1800 NW 94 AVE         MIAMI FL 33172       4.2 NAME         S.ST-ZIP       DELETE         DELETE       5.1 TITLE         S.T-ZIP       DELETE         S.T-ZIP       DELETE         DELETE       5.1 TITLE         S.T-ZIP       DELETE         DELETE       5.1 TITLE         S.T-ZIP       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         S.ST-ZIP       0 ELETE         BELETADDRESS       5.3 STREET ADDRESS         ST-ZIP       0 ELETE         S.ST-ZIP       0 ELETE         S.ST-ZIP       0 ELETE </td <td>MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D E ATICK, JOE</td> <td>in the State of Florida. Su of the obligations of, Section of registered agent and title if application FICERS AND DIRECTOF</td> <td>ich change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE</td> <td>84     City       s, the above-named corr     thorized by the corporate       tda Statutes.     13.       1.1 TITLE     12 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME</td> <td>ed when reinstating)</td> <td>Purpose of changing pt the appointment as DATE FICERS AND DIREC Chang</td> <td>its registered registered TORS IN 12 le Additio</td>	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D E ATICK, JOE	in the State of Florida. Su of the obligations of, Section of registered agent and title if application FICERS AND DIRECTOF	ich change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named corr     thorized by the corporate       tda Statutes.     13.       1.1 TITLE     12 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME	ed when reinstating)	Purpose of changing pt the appointment as DATE FICERS AND DIREC Chang	its registered registered TORS IN 12 le Additio
ST-ZIP       MIAMI FL 33172       34 CITY-ST-ZIP         Image: Deleter of the second se	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE SIgnature, typed or printed name of OF DPT DPT DPT SAMOUR, GEORGE ST-ZIP MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172	in the State of Florida. Su of the obligations of, Section of registered agent and title if application FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named cort     thorized by the corporate       ida Statutes.     13.       1.1 ITILE     12.NAME       1.3 STREET ADDRESS     14.CITY-ST-ZIP       2.1 ITILE     2.NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	ed when reinstating)	FL	its registered registered TORS IN 12 le Additio
D       DELETE       4.1 TITLE       Change       Addition         E       ATICK, THEODORA       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         IBOO NW 94 AVE       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       Change       Addition         ST-ZIP       MIAMI FL 33172       DELETE       5.1 TITLE       Change       Addition         ET ADDRESS       DELETE       5.1 TITLE       Change       Addition         ST-ZIP       DELETE       5.1 TITLE       Change       Addition         ET ADDRESS       DELETE       5.1 TITLE       Change       Addition         ST-ZIP       DELETE       5.1 TITLE       Change       Addition         ET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         ST-ZIP       DELETE       6.1 TITLE       Change       Addition         ET ADDRESS       ST-ZIP       ST CITY-ST-ZIP       Change       Addition         ET ADDRESS       ST CITY-ST-ZIP       ET ADDRESS       ST CITY-ST-ZIP       Change       Addition         ST ZIP       ST CITY-ST-ZIP       ST CITY-ST-ZIP       ST CITY-ST-ZIP       ST CITY-ST-ZIP       ST CITY-ST-ZIP       ST CITY-ST-ZIP         ST ZIP       ST CITY-ST-ZIP       ST CITY-ST	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept NATURE Signature, typed or printed name of OPT SAMOUR, GEORGE ET ADDRESS ST-ZIP MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 DCVP	in the State of Florida. Su of the obligations of, Section of registered agent and title if application FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named corr     thorized by the corporate       ida Statutes.     13.       1.1     TILE       1.2     NAME       1.3     STREET ADDRESS       1.4     City-ST-ZIP       2.1     TILE       2.2     NAME       2.3     STREET ADDRESS       2.4     City-ST-ZIP       3.1     TITLE	ed when reinstating)	FL	its registered registered TORS IN 12 le Additio
EET ADDRESS       1800 NW 94 AVE       4.3 STREET ADDRESS         IST-ZIP       IDELETE       44 CITY-ST-ZIP         IDELETE       5.1 TITLE       IChange       Addition         IDELETE       5.1 STREET ADDRESS       5.3 STREET ADDRESS       Addition         ST-ZIP       IDELETE       5.1 TITLE       IDELETE       Addition         IDELETE       5.1 TITLE       IDELETE       Addition         ST-ZIP       IDELETE       6.1 TITLE       IDELETE       IDELETE         IDELETE       6.1 TITLE       IDELETE       IDELETE       Addition         IDELETE       6.1 TITLE       IDELETE       IDELETE       Addition         IDELETE       6.1 TITLE       IDELETE       IDELETE       Addition         IDELETE       6.1 TITLE       IDELETE       IDELETE       IDELETE       IDELETE         IDELETE       6.1 TITLE       IDELETE	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept NATURE NATURE DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 DCVP SAMOUR, ANTON 1800 NW 94 STREE	In the State of Florida. Su of the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: 1 RS DELETE	84     City       s, the above-named corthorized by the corporated astatutes.     Corporated astatutes.       Registered Agent signature required astatutes.     13.       11.1     11.1       12.1     Agent signature required astatutes.       13.1     1.1       1.1.1     TTLE       1.2.1     AMME       1.3.5     TREET ADDRESS       1.4.CITY-ST-ZIP     2.1       2.1     TITLE       2.3.5     STREET ADDRESS       2.4.CITY-ST-ZIP     3.1       3.1     TITLE       3.3.5     STREET ADDRESS	ed when reinstating)	FL	its registered registered TORS IN 12 pe Additio
ST-ZIP       MIAMI FL 33172       44 CTY-ST-ZIP         DELETE       5.1 TITLE       Change       Addition         E       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS         ST-ZIP       DELETE       6.1 TITLE       Change       Addition         E       DELETE       6.1 TITLE       Change       Addition         E       DELETE       6.1 TITLE       Change       Addition         E       ST-ZIP       DELETE       6.1 TITLE       Change       Addition         E       ST-ZIP       STREET ADDRESS       6.3 STREET ADDRESS       6.3 STREET ADDRESS       6.3 STREET ADDRESS       6.4 CTY'-ST-ZIP         ST-ZIP       STADE       STREET ADDRESS       6.4 CTY'-ST-ZIP       STREET ADDRESS       6.4 CTY'-ST-ZIP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept INATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D ATTICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 DCVP SAMOUR, ANTON 1800 NW 94 STREE ST-ZIP MIAMI FL 33172	In the State of Florida. Su of the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori abie. (NOTE: RS DELETE DELETE	84     City       s, the above-named corthorized by the corporated data tables.       Registered Agent signature required as tables.       13.       11.1 ITILE       12.NAME       13.STREET ADDRESS       14 CITY-ST-ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP	ed when reinstating)	FL	its registered registered TORS IN 12 le Additio
DELETE 5.1 TITLE Change Addition     Softeen Addition	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept INATURE Signature, typed or printed name of OPT SAMOUR, GEORGE I BOO NW 94 AVE MIAMI FL 33172 D ATICK, JOE I 800 NW 94 STREE ST-ZIP MIAMI FL 33172 D CVP SAMOUR, ANTON I BOO NW 94 STREE SAMOUR, ANTON I BOO NW 94 STREE SAMOUR, ANTON I BOO NW 94 STREE SAMOUR, ANTON I BOO NW 94 STREE ST-ZIP MIAMI FL 33172 D CVP MIAMI FL 33172 D ATICK, THEODORA	In the State of Florida. Su of the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori abie. (NOTE: RS DELETE DELETE	84     City       s, the above-named corr     thorized by the corporate       ida Statutes.     13.       1.1 TITLE     12.NAME       1.3 STREET ADDRESS     14. CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     12. NAME       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 TITLE     4.1 TITLE	ed when reinstating)	FL	its registered registered TORS IN 12 le Additio
ET ADDRESS     5.3 STREET ADDRESS       ST-ZIP     5.4 CITY- ST-ZIP       DELETE     6.1 TITLE       DELETE     6.1 TITLE       ET ADDRESS     6.2 NAME       ET ADDRESS     6.3 STREET ADDRESS       ST-ZIP     6.4 CITY- ST-ZIP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept NATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE ET ADDRESS 1800 NW 94 AVE MIAMI FL 33172 D ATTICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 D CVP SAMOUR, ANTON 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 D ATTICK, THEODORA 1800 NW 94 AVE	In the State of Florida. Su of the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori abie. (NOTE: RS DELETE DELETE	84       City         s, the above-named corthorized by the corporated astronomy the corporated astronomy the corporated astronomy the signature requirements of the signature requirement of the signature of the sis of the sis of the signature of the signature of the s	ed when reinstating)	FL	its registered registered TORS IN 12 le Additic
IST-ZIP     54 CITY-ST-ZIP       IST-ZIP     DELETE       DELETE     6.1 TITLE       E     62 NAME       62 NAME       63 STREET ADDRESS       63 STREET ADDRESS       64 CITY-ST-ZIP	MIAMI FL 33131           Pursuant to the provisions of Section           office or registered agent, or both,           agent. I am familiar with, and acception           Standard           Signature, typed or printed name of           OF           Signature, typed or printed name of           OF           Standard           Standard           Standard           Standard           DPT           SAMOUR, GEORGE           Et ADDRESS           1800 NW 94 AVE           MIAMI FL 33172           D           ATICK, JOE           1800 NW 94 STREE           ST-ZIP           MIAMI FL 33172           DCVP           SAMOUR, ANTON           ST-ZIP           MIAMI FL 33172           DCVP           SAMOUR, ANTON           1800 NW 94 STREE           ST-ZIP           MIAMI FL 33172           D           ATICK, THEODORA           ST-ZIP           MIAMI FL 33172           D           ATICK, THEODORA           ST-ZIP	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: RS DELETE DELETE	84     City       s, the above-named corr     thorized by the corporate       ida Statutes.     13.       1.1 TITLE     12.       1.3 STREET ADDRESS     14. CITY-ST-ZIP       2.1 TITLE     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       3.4 CITY-ST-ZIP     4.1 TITLE       4.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 CITY-ST-ZIP     4.1 TITLE       4.2 NAME     4.3 STREET ADDRESS       4.4 CITY-ST-ZIP     4.1 CITY-ST-ZIP	ed when reinstating)	FL         purpose of changing         pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang         Chang         Chang         Chang         Chang	its registered registered TORS IN 12 le Additio
E Change Addition E E ADDRESS E A CITY-ST-ZIP E E E E E E E E E E E E E E E E E E E	MIAMI FL 33131          Pursuant to the provisions of Section         office or registered agent, or both,         agent. I am familiar with, and accept         INATURE         Signature, typed or printed name of         OF         SAMOUR, GEORGE         IATICK, JOE         IB00 NW 94 AVE         MIAMI FL 33172         D         ATICK, JOE         IB00 NW 94 STREE         ST-ZIP         MIAMI FL 33172         D         ST-ZIP         MIAMI FL 33172         D         ST-ZIP         MIAMI FL 33172         D         SAMOUR, ANTON         1800 NW 94 STREE         ST-ZIP         MIAMI FL 33172         D         ATICK, THEODORA         1800 NW 94 AVE         ST-ZIP         MIAMI FL 33172         D         ATICK, THEODORA         1800 NW 94 AVE         MIAMI FL 33172         D         ATICK, THEODORA         1800 NW 94 AVE         MIAMI FL 33172	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: RS DELETE DELETE	84     City       s, the above-named corthorized by the corporated astronomy the corporated astronomy the corporated astronomy the signature requirement of the signature signature requirement of the signature sistremation signature signate signate signat	ed when reinstating)	FL         purpose of changing pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang         Chang         Chang         Chang         Chang	its registered registered TORS IN 12 le Additio
ET ADDRESS ET ADDRESS ST. ZIP 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and acception of the provisions of Section (Section 2014) and the provisions of Section (Section 2014) and acception (Section 2014) and (	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori able. (NOTE: RS DELETE DELETE	84     City       s, the above-named corthorized by the corporated astronomy the corporated astronomy the corporated astronomy the corporated astronomy the signature requirement of the signature of the signature signature of the signature signature of the signature signature signature of the signature signature signature of the signature signated signature sis and signature sis signature sis sis signa	ed when reinstating)	FL         purpose of changing pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang         Chang         Chang         Chang         Chang	its registered registered TORS IN 12 le Additio
64 CITY-ST-ZIP	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE 1800 NW 94 AVE MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 D CVP SAMOUR, ANTON 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 D ATICK, THEODORA 1800 NW 94 AVE ST-ZIP MIAMI FL 33172 D ATICK, THEODORA 1800 NW 94 AVE ST-ZIP MIAMI FL 33172 D ATICK, THEODORA 1800 NW 94 AVE ST-ZIP MIAMI FL 33172 D CVP SAMOUR, ANTON	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori RS DELETE DELETE DELETE DELETE	84     City       s, the above-named corthorized by the corporated astructure.     Image: corporated astructure required astructure.       13.     1.1 ITTLE       12 NAME     1.3 STREET ADDRESS       1.4 CITY-ST-ZIP     2.1 ITTLE       2.2 NAME     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TTRLE       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       3.1 TTRLE     2.2 NAME       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 TITLE     4.2 NAME       4.3 STREET ADDRESS     4.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     4.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP	ed when reinstating)	FL         purpose of changing pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang	its registered registered TORS IN 12 le Additio le Additio
31-217	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE 1800 NW 94 AVE MIAMI FL 33172 D E TADRESS ST-ZIP MIAMI FL 33172 D CVP SAMOUR, ANTON 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 E E ST-ZIP MIAMI FL 33172 E E ST-ZIP MIAMI FL 33172 E E ST-ZIP MIAMI FL 33172 E E ST-ZIP MIAMI FL 33172 E E ST-ZIP MIAMI FL 33172 C C ST-ZIP MIAMI FL 33172 C C C ST-ZIP MIAMI FL 33172 C C C ST-ZIP MIAMI FL 33172 C C C C C C C C C	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori RS DELETE DELETE DELETE DELETE	84     City       s, the above-named corthorized by the corporated astatutes.     Corporated astatute required astatutes.       Registered Agent signature required astatutes.     13.       1.1 ITILE     12. NAME       1.3 STREET ADDRESS     14. CITY-ST-ZIP       2.1 ITILE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.3 STREET ADDRESS     4.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     4.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP	ed when reinstating)	FL         purpose of changing pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang	its registered registered TORS IN 12 le Addition le Addition ge Addition ge Addition ge Addition
Indicated on this annual report or supplied with this hilling does not duality for the exemption stated in Section 1950/10/11, Folda Statutes, Folda Cettar Cettar and the 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 12 or Block 13 if changed, or on an attactment with an address with all other like empowered.	MIAMI FL 33131 Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept SNATURE Signature, typed or printed name of OF DPT SAMOUR, GEORGE 1800 NW 94 AVE MIAMI FL 33172 D ATICK, JOE 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 DCVP SAMOUR, ANTON 1800 NW 94 STREE ST-ZIP MIAMI FL 33172 DCVP ATICK, THEODORA 1800 NW 94 AVE MIAMI FL 33172 D CVP ATICK, THEODORA 1800 NW 94 AVE MIAMI FL 33172 D CVP ATICK, THEODORA 1800 NW 94 AVE MIAMI FL 33172 CVP SAMOUR, ANTON 1800 NW 94 AVE MIAMI FL 33172 CVP SAMOUR, ANTON ST-ZIP MIAMI FL 33172 CVP SAMOUR, ANTON ST-ZIP MIAMI FL 33172 CVP SAMOUR, ANTON ST-ZIP MIAMI FL 33172 CVP ST-ZIP MIAMI FL 33172 CVP C	In the State of Florida. Su ot the obligations of, Section of registered agent and title if applica FICERS AND DIRECTOF	ICh change was au ion 607.0505, Flori RS DELETE DELETE DELETE DELETE	84       City         s, the above-named corthorized by the corporated a Statutes.       City         Registered Agent signature required a Statutes.       13.         1.1 ITILE       12. NAME         1.3 STREET ADDRESS       14 CITY-ST-ZIP         2.1 ITILE       2.2 NAME         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TIFLE       -         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       -         3.1 TIFLE       -         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       -         3.5 STREET ADDRESS       -         4.4 CITY-ST-ZIP       -         5.1 TITLE       -         5.2 NAME       -         5.3 STREET ADDRESS       -         6.4 CITY-ST-ZIP       -         5.1 TITLE       -         5.2 NAME       -         5.3 STREET ADDRESS       -         5.4 CITY-ST-ZIP       -         6.1 TITLE       -         6.2 NAME       -         6.3 STREET ADDRESS       -	ed when reinstating)	FL         purpose of changing pt the appointment as         DATE         FICERS AND DIREC         Chang         Chang	its registered registered TORS IN 12 le Addition le Addition ge Addition ge Addition