NOW: FILING FEE AFTER MAY 1 IS \$550.00

DFIT RATION REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Movayam

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14 1997 8:00am Secretary of State

Principal Place WERKSMAN, A	AVALEXIS INC.	Mailing Address WERKSMAN, ALAN J. 160 S.W. 12TH AVE. DEERFIELD BEACH FL 334	442-3114	3. Date incorporated or Qualified	3a. Date of Last Report
US		03		03/14/1988	03/11/1996
2. Principal Pl	ace of Business incoln Road	2a. Mailing Address		4, FEI Number	Applied For
21 Suite, Apt.		Suite, Apt. #, etc.		65-0004997	Not Applicable \$8.75 Additional
10-F		27		5. Certificate of Status Desired	Fee Required
City & State	Beach, FL	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23)		Z IP	Country	Trust Fund Contribution 8. This corporation has liability for in	
24	25		30	Florida Statutes	Yes No
WE	Name and Address of Current KSMAN ALAN J.	n Hegistered Agent	81 Name C	10. Name and Address of New Region 10. Name and	gistered Agent
160	SW 12TH AVE #109 RFIELD BEACH FL 33442		83 Street Add	ress (F.O. Box Number is Not Acceptable Lincoln Road,	
SIGNATURE .	o the provisions of Spelions 617,050 spistered adjust in hold, in the state of familial with, all of accept in oblig Signatur Typed or proted name of registered age	6110110 SAN	es, the above named cor authorized by the corpora orida Statutes.	ai Beach poration submits this statement for the pi tion's board of directors. I hereby accep	FL 85 3'8 6'9'9 urpose of changing its registered the appointment as registered 5/17/97
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRESS CITY-ST-ZIP	DPS SANTORO, GIULIO 407 LINCOLN ROAD; SUITE 1 MIAMI BEACH FL	☐ DELFTE	1.2 NAME 1.3 STREET ADDRESS	VP Diona Santoro 407 Lincoln Road, Miami Beach, FL 3	Change K Addition
TITLE	MIMINI DENOTITE	DELETE	21111116		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - 7IP 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME		hand a second	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Doute	4.4 C(1Y - ST - Z(P		Chance Addition
NAME STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		DITELE	5.4 CITY - ST - Z/P 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	y certify that the information surply	d with this filing done not qualify	6.3 STREET ADDRESS	d in Section 119.07(3)(i), Florida Statutos t my signatura shall have the same legal	Hurther certify that the

or amount report is true and accurate and that my signature shall have the same legal effect as if made under or by or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Inment with an address. I am an officer or director of the co-appears in Block 12 or Block 13 if of