Principal Place of Business       Mailing Address         C/O JOSE F. PENCHET       C/O JOSE F. PENCHET         7220 NW. 77TH ST.       TZZ NW. 77TH STREET         MEDLEY F. 1316       MEDLEY F. 13166         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         Zip       Country         Zip       Country         State       State         PENCHET, JOSE F.         7220 NW. 77TH STREET         MEDLEY F. 133166         PENCHET, JOSE F.         720 NW. 77TH STREET         MEDLEY F. 133166         Streat Address of Current Registered Agent         Name         PENCHET, JOSE F.         7220 NW. 77TH STREET         MEDLEY F. 133166         City         FLE NOW!!! FEE IS \$150.00         After MAY 1, 200 Fee will be \$550.00         Make Check Payable to Department of State         10. Election Campaign Financing         Streat Address TO OFFICERS AND DIFFECTORS         12.       ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS         13.       OFFICER					
Principal Place of Business       Mailing Address         C/O JOSE F. PENCHET       C/O JOSE F. PENCHET         7220 NV 7TH ST.       TZZ NV 7TH STREET         MEDLEY F. JSIGE       MEDLEY F. JSIGEZAM         US       2. Principal Place of Business         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         Zip       Country         State       State         PENCHET, JOSE F.         PENCHET, JOSE F.         720 NV. 7TH STREET         MEDLEY F. JSIGE         A. FEI Number         6. Name and Address of Current Registered Agent         7. Name and Address of Down Registered Agent         7. 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. <td< th=""><th colspan="3" rowspan="2">May 08, 2000 8:00 am Secretary of State 05-08-2000 90124 031 ***150.00</th></td<>	May 08, 2000 8:00 am Secretary of State 05-08-2000 90124 031 ***150.00				
C/O JOSE F. PENCHET 720 NW. 7TH ST. WEDLEY F. 33166 Suite. Apt. #, etc. City & State City & Country Country City & Country City					
7220 NW 77TH STREET MEDLEY FL 33166       7220 NW 77TH STREET MEDLEY FL 33166       1220 NW 77TH STREET MEDLEY FL 33166       1210 O ± 3.6 wW         2. Principal Place of Business       3. Mailing Address       3. Mailing Address       00 NOT WRITE IN THIS SPACE         City & State       City & State       4. FEI Number       65-0053045       Applied         Zip       Country       Zip       - Country       's. Certificate of Status Desired       - S8.75 Additional         Fee Regulated       Name and Address of Current Registered Agent       Name and Address of New Registered Agent       Not Applicat         PENICHET, JOSE F.       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Oto City         Vieto www.med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Street Address (P.O. Box Number is Not Acceptable)       Oto Florida.         SigNATURE       Secure and backs       PLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of state       10. Election Campaign Financing Trust Fund Contribution.       \$500 May B Added to Fees         11       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS A					
2. Principal Place of Business     Suite, Apt. #, etc.     City & State     Country     Zip     Country     Zip     Country     S. Cortificate of Status Desired     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Do NOT WRITE IN THIS SPACE     Applied For     Not Applied     Not Applied     For     Not Applied     Street     City & State     City & State     City & State     Country     S. Cortificate of Status Desired     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Country     S. Cortificate of Status Desired     Suite, Apt. #, etc.     Country     S. Cortificate of Status Desired     Street Address of New Registered Agent     Name     PENICHET, JOSE F:     7220 N.W. 77TH STREET     MEDLEY FL 33166     City     FL     Zip Code     Street Address (P.O. Box Number is Not Acceptiable)     City     FL     Zip Code     Suite Applied or proved name of regenered egent and the lifepicable     (NOTE Registered Agent sequence inquiese when rendating)     Date     Signature, typed or proved name of regenered egent and the lifepicable     (NOTE Registered Agent sequence inquiese when rendating)     Date     Signature, typed or proved name of regenered egent and the lifepicable     (See criteria on back)     Check Payable to Department of State     Trust Fund Contribution     Added to Frees     Signature, typed or proved seam of regenered egent     Trust     Make     Signature, typed or proved seam of regenered egent     Signature, typed or proved seam of regenered egent     Trust     Make     Signature, typed or proved seam of regenered egent     Country     Country     Country     Country     City     Cit					
City & State       City & State       4. FEI Number       65-0053045       Applied For Not Applicat         Zip       Country       Zip      Country       State      Country      S. Certificate of Status Desired      S. State         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent					
City & Ditter       Country       Zip       Country       Zip       Scartificate of Status Desired       \$\$8.75 Additional _ Fee Required         City & Ditter       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       \$\$8.75 Additional _ Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         7220 N.W. 77TH STREET       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         6. 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.         SIGNATURE       Signature, typed or puried name of registered agent and title if applicable       (NOTE Registered Agent sepaties regulated dent nextating)       Date         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State       10. Election Campaign Financing Added to Fees         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Added to Fees         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Change Addition File Payable to Department of State         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGE					
	le				
PENICHET, JOSE F. 7220 N.W. 77TH STREET MEDLEY FL 33166       Street Address (P.O. Box Number is Not Acceptable)         City       FL       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.         SIGNATURE					
7220 N.W. 77TH STREET MEDLEY FL 33166       City       FL       Zip Code         6. 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.       Signature, typed or printed name of registered agent and title if applicable       (NOTE: Registered Agent signature required when reinstating)       DATE         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Bit Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         ITILE       PTD       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       CORAL GABLES FL       CITY-ST-ZIP       Control of Change       Addit	-				
City       FL       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.       SignAttuRE         SIGNATURE					
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.   SIGNATURE   Signature, typed or printed name of registered agent and table if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE   9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   (See criteria on back)   11.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   OFFICERS AND DIRECTORS   14.   OFFICERS AND DIRECTORS   15.   16.   17.   OFFICERS AND DIRECTORS   18.   19.   11.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   ITTLE   NAME   STREET ADDRESS   CITY-ST-ZIP   CORAL GABLES FL   CITY-ST-ZIP	_				
SIGNATURE         DATE         DATE         DATE         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         ITILE       PENICHET, JOSE F. 501 VILABELLA AVE. CITY-ST-ZIP       ITILE       NAME         STREET ADDRESS CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP	_				
Signature, typed or printed name of registered agent and title if applicable       (NOTE: Registered Agent signature required when reinstating)       DATE         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Br         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE NAME STREET ADDRESS CITY-ST-ZIP       PENICHET, JOSE F. S01 VILABELLA AVE. CITY-ST-ZIP       ITTLE NAME STREET ADDRESS CITY-ST-ZIP       STREET ADDRESS CITY - ST-ZIP       CORAL GABLES FL       STREET ADDRESS CITY - ST-ZIP       CORAL GABLES FL					
Tax filing requirement and elects to do so. (See criteria on back)       After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       Trust Fund Contribution.       Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       PTD       Delete       TITLE       Change       Addit         NAME       PENICHET, JOSE F. STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       <					
TITLE     PTD     Delete     TITLE     Change     Addit       NAME     PENICHET, JOSE F.     NAME     STREET ADDRESS     STREET ADDRESS     STREET ADDRESS     CITY - ST - ZIP     CORAL GABLES FL     CITY - ST - ZIP     CITY - ST					
NAME     PENICHET, JOSE F.     NAME       STREET ADDRESS     501 VILABELLA AVE.     STREET ADDRESS       CITY-ST-ZIP     CORAL GABLES FL     CITY-ST-ZIP	╡ᢛ				
	034 (9/				
NAME PENICHET, PAUL F NAME STREET ADDRESS 201 ALHAMBRA CIR. STE 711 STREET ADDRESS	CR2E				
TITLE     SD     Delete     TITLE       NAME     TARAFA, ANTONIO, III     NAME       STREET ADDRESS     OCEAN DR.     STREET ADDRESS	<mark>วก</mark>				
CITY-ST-ZIP     KEY BISCAYNE FL 33149     CITY-ST-ZIP       TITLE     Delete     TITLE       NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP	on (				
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TITLE Delete TITLE Change Addit	n				
13. 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 provide 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered in the empowered of the empowered in the empowered of the empower empowered of the empowered of the empowered of the empowered of the e	·				