DOCU 1. Entity Nan	MENT # M82697	INESS REPO	DRT (UB	R)	FILED Apr 12, 2001 8:00 am Secretary of State 04-12-2001 90057 004 ***150.00
Principal Plac	e of Business	Mailing Address			
200 SW 172 AV STE 4A PEMBROKE PIN US	_	200 SW 172 AVE SUITE 4A PEMBROKE PINES FL 3302 US	9	]	
	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State		4.	FEI Number 65-0055313 Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered Agent
			Name		
VICINO, FRANK THOMAS SR. 3100 N OCEAN BLVD			Street A	ddress (P.O.	Box Number is Not Acceptable)
APT	1507				
FT. LAUDERDALE FL 33308			City	City FL Zip Code	
8. The above	named entity submits this statement for	the ourpose of changing its	registered office or	registered a	
Tax filing r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!	E: Registered Agent signatu II FEE IS \$150.0 01 Fee will be \$5 ble to Department	00 50.00	reinstating) DATE   10. Election Campaign Financing \$5.00 May Be   Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICINO, FRANK THOMAS JR 14 MINNETONKA RD SEA RANCH LAKES FL 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY_ST-ZIP	VD VICINO, FRANK THOMAS SR 3100 N. OCEAN BLVD, APT 1507 FT LAUDERDALE FL 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VICINO, ROSEMARY 3100 N. OCEAN BLVD, APT 1507 FT LAUDERDALE FL 33308	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
of the corp	or inits report of supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with URE:	rue and accurate and that m vered to execute this report a ith all other like empowered.	emakure shall ha	ave the same pter 607, Floi	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if