## 2004 NOT-FOR-PROFIT CORPORATION

FILED
Jun 01, 2004 8:00 am
Secretary of State
05-03-2004 91053 017 \*\*\*\*61.25

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| Principal Place of Business 10800 BSCATKE BLVD SUITE 610 MAMRI, FL 33161  SUITE 610 MAMRI, FL 33161  SUITE 610 MAMRI, FL 33161  COV 4 State  City 4 State  C   | 1. Entity Name   | /NERS ASSOCIATIO  |  | )  |                               |                        |   |               |
|--|--|---|--|--|-------------------------------|------------------------|---|---------------|
| 2. Principal Place of Business   | 10800 BISCAYNE BLVD 10800 BISCAYNE BLVD                            |   |  |  | נסס                           | POTOU                  |   |               |
| Suits, Act. #, etc.  Suits, Act. #, etc.  City & State  City & State Depice of Status Depice Depict Depict Depict Depict Depict Depict Depict Depict Depice Depict De   | MIAMI, FL 33161  |   |  |  |                               |                        |   |               |
| City & State  Ci   | 2. Principal Place of Business                                     |   | 3. Mailing Address   |  |                               | 1811  1811  881# BLW 1 | 17175 <u>18210 0177</u> (887) 1 <b>2</b> 7/ |               |
| Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8. Res Address of Page Present   \$8. Res Address of New Registered Agent   7. Name and Address of New Registered Agent   Name      | Suite, Apt. #, etc.  |   | Suile, Apt. #, etc.  |  |                               | NP CR                  |   |               |
| S. Name and Address of Current Registered Agent  SCOTT. HOWARD F 10800 BISCAYNE BLVD SUTE 610 MIAMI, FL 33161  City FL Zip Code  A. The above ramed ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept this colligations of registered agent.  SIGNATURE  FILTORY  FULT Zip Code  A. The above ramed ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept this colligations of registered agent.  SIGNATURE  FILTORY  FULT Zip Code  A. The above ramed ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept this colligations of registered agent.  SIGNATURE  FILTORY  FULT Zip Code  A. The above ramed ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept this colligations of registered agent.  SIGNATURE  FULT STATE AGENTS  FULL STATEMENT AGENTS  FULL STA   | City & State   |   | City & State   |  | 4. FE! Number 05              | -4253                  | 6 No  | t Applicable  |
| Name   Street Address (P.O. Box Number is Not Acceptable)  | Zip  | Zip Country   |  | Country  | 5. Certificate of Status      | Desired                | \$8.75 Addi<br>Fee Required                 | itional<br>t  |
| SCOTT, HOWARD F 10800 BISCAYNE BLVD SUITE 610 MIAMI, FL 33161  City FL Zip Code  8. The above rarned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept who collegations of registered agent.  SIGNATURE  Filting Fee is \$41.25 Purpose by Blay 1, 2004  Purpose by Blay 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS OF ANGEST OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  DEED TO Debts  ITILE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  D. ORIGINAL CONTROLLANGES TO OFFICERS AND DIRECTORS 10.  TITLE  MAKE  STRET ADDRESS  STRET ADDRESS  CITY-51-29  TITLE  MAKE  STRET   | 6, Na  | me and Address of Current                                       | Registered Agent   |  | 7. Name and Addres            | s of New Regist        | ered Agent                                  |               |
| SUTE 610 MIAMI, FL 33161  City FL Zp Code  The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of Florides agent, or both, in the State of Floride. I am familiar with, and accept the obligation in the State of Florides.    Filing Foe is \$61.26   Debte   | SCOTT HOWAR  | n F   | Name   | Name   |                               |                        |   |               |
| MIAMI, FL 33161  City FL Zp Code  8. The above ramed entity submiss his 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 who obligations of registered agent.  SIGNATURE  STORMAN, spord or private rame of registered agent and the registered.  SIGNATURE  STORMAN, spord or private rame of registered agent and the registered.  PHING Foe is \$61.25  PHING Foe is \$61.25  Physic by Many 1, 2004  S.S. DO May Be Added to Foes Physics Department of States.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  BYER, MORTON  SIERE ADDRESS  CITY-51-29  ITILE  D DUBBS  SIERE ADDRESS  CITY-51-29  ITILE  D SCOTT, HOWARD F  SIERE ADDRESS  CITY-51-29  ITILE  D DUBBS  SIERE ADDRESS  CITY-51-29  ITILE  MALE  SIERE ADDRESS  CITY-51-29  TITLE  MALE  SI | 10800 BISCAYNE   |   | Street Address   | Street Address (P.O. Box Number is Not Acceptable)     |                               |                        |   |               |
| A. 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.   am familiar with, and accept this obligations of registered agent.    SIGNATURE  |  | • •   |  |  |                               |                        |   |               |
| SIGNATURE  FILING Foe is \$61.28  FUND by Blay 1, 2004  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  MAKE SPEER, MORTON SPEER, MORTON SPEER AGENOSES CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER, LORRAINE SIREST AGENESS CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER, LORRAINE SIREST AGENESS CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER, LORRAINE SIREST AGENESS CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER, LORRAINE SIREST AGENESS CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER, LORRAINE SIREST AGENESS CITY-ST-2P  MIAMI, FL 33180  ITILE  D BYER    | . 8  |   | City   | FL Zip Code  |                               |                        |   |               |
| SIGNATURE Spritter, typod or privide name of inspetanced agains and the if applicable  Prilling Foe is \$61.25  Pive by Blacy 1, 2004  9. Election Campalign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BYER MORTON STREET ADDRESS CITY-57-29  MIAMI, FL 33180  Detels  TITLE Detels STREET ADDRESS CITY-57-29  MIAMI, FL 33180  Detels  TITLE Detels STREET ADDRESS CITY-57-29  MIAMI, FL 33180  Detels  TITLE Detels STREET ADDRESS CITY-57-29  MIAMI, FL 33180  Detels  TITLE Detels TITLE MAKE STREET ADDRESS CITY-57-29  TITLE MAKE S  | 8. The above named of  | entity submits this statement to                                | or the purpose of changing its                                 | registered office or regist                            | tered agent, or both, in the  | State of Florida.      | em familiar with,                           | and accept    |
| Filling Foo is \$461.85  | the obligations of re  | gistered agent.   |  |  |                               |                        |   | I             |
| Filling Foo is \$81.25  Due by Many 1, 2004  Trust Fund Contribution.  Deads in the foot of States.  TO. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  D STEER, MORTON  STREET ADDRESS  CITY-ST-2D  MIAMI, FL 33180  TILE  D BYER, LORRAINE  STREET ADDRESS  CITY-ST-2D  TILE  D BYER  D BYER  STREET ADDRESS  CITY-ST-2D  TILE  D BYER  D BYER  STREET ADDRESS  CITY-ST-2D  TILE  D BYER  D BYER  STREET ADDRESS  CITY-ST-2D  TILE  D BYER  Change Addition  TILE  D BYER  ADDRESS  CITY-ST-2D  TILE  D BYER  Change Addition  TILE  D BYER  ADDRESS  CITY-ST-2D  TILE  D BYER  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  CITY-ST-2D  TILE  D BYER  ADDRESS  CITY-ST-2D  TILE  ADDRESS  CITY-ST-2D  TILE  D BYER  ADDRESS  CITY-ST-2D  TILE  ADDRESS  CITY-ST-2D  TILE  Change  Addition  Addition  ADDRESS  CITY-ST-2D  TILE  ADDRESS  CITY  | SIGNATURE  | ·   |  |  |                               |                        |   |               |
| Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of Partment of States    Trust Fund Contribution.   Added to Fees   Fibridate Department of Partment of States    Trust Fund Contribut   | Signature, I   | yped or printed name of registered agent                        | and title if applicable. (NOTI                                 | E: Registered Agent signature requi                    | ired when reinstating)        |                        |   |               |
| TILE Debts TILE Change Addition MAKE BYER MORTON MAKE STREET ADDRESS CITY-57-2P MIAMI, FL 33180 TILE MAKE STREET ADDRESS CITY-57-2P MIAMI, FL 33181 TILE MAKE STREET ADDRESS CITY-57-2P MIAMI, FL 33181 TILE MAKE STREET ADDRESS CITY-57-2P MIAMI FL 33181 TILE MAKE STREET ADDRESS CITY-57-2P TILE MAKE STREET ADDRESS CI   | Trust Fund Contribution. Added to Fees Floride Department of State |   |  |  |                               |                        |   |               |
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| TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE Delets TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 cath; that if am an officer or direct in the congoration or the receiver or trustee empowered to execute that that my signature shall have the same legal effect as if made under cath; that if am an officer or direct to the congoration or the receiver or trustee empowered to execute that the report as recurried by Chapter 617-Florida Statutes: and that my mane appears in Block 10 or Block 11 if the congoration or the receiver or trustee empowered to execute that report as recurried by Chapter 617-Florida Statutes: and that my name appears in Block 10 or Block 11 if the congoration or the receiver or trustee empowered to execute that report as recurried by Chapter 617-Florida Statutes: and that my name appears in Block 10 or Block 11 if the congoration of the receiver or trustee empowered to execute that and that my signature shall have the same legal effect as if made under oath; that if am an officer or direct that my signature shall have the same legal effect as if made under oath; that if am an officer or direct that my signature shall have the same legal effect as if made under oath; that if am an officer or direct that my signature shall have the same legal effect as if made under oath; that if am an officer or direct that my signature shall have the same legal effect as if made under oath; that if am an officer or direct tha   | 1 .  |   | 610  |  |                               |                        |   |               |
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| CITY-ST-ZP  TITLE    Delete   TITLE   Change   Addition   NAME   NAME   STREET ADDRESS   CITY-ST-ZP    12. I hereby certify that the information supplied with this filling 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 accruate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute that energy as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute that required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute that required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute that are coursed by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if the supplemental properties are considered by the corporation of the receiver or trustee empowers that the properties are considered by the corporation of the receiver or trustee empowers the receiver of the properties are considered by the prope   |  |   |  |  |                               |                        |   |               |
| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 that that my signature shall have the same legal effect as if made under oath; that I am an officer or direct or of the corporation or the receiver or trustee empowered to execute that even as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if   | 1  |   |  |  |                               |                        |   |               |
| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 that that my signature shall have the same legal effect as if made under oath; that I am an officer or direct or of the corporation or the receiver or trustee empowered to execute that even as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if   | <del></del>  | <u> </u>  | ☐ Delete   | <b></b>  | <del>_</del>                  |                        | ☐ Change                                    | Addition      |
| CITY-ST-ZP  12. I hereby certify that the information supplied with this filling 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 that that my signature shall have the same legal effect as if made under cath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute that report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if  |  |   | •  | NUME   |                               |                        | - •   |               |
| 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if  |  |   |  |  |                               | *,                     |   |               |
| 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 cath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute their enough as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if   |  | at the information europlied wi                                 | th this filling does not qualify f                             |  | Section 119 07/3Vi). Flori    | da Statutes   furt     | her certify that the                        | information   |
|  | indicated on this  | M DBINGULE POPULATION PROPERTY IN                               |  | menticulation bidian a                                 | ·                             | ——                     |   |               |
| SIGNATURE: 4/20/04   | of the corporation   | report of supplemental report<br>or the receiver or trustee emi | is true and accurate and that<br>powered to execute this repor | my signature shall have t<br>if as required by Chapter | ine same legal effect #5 if i | nace uncercain;        | ; that i am an office                       | r or director |