City & State       21       City & State       5. Certificate of Status Desired       \$8,75 Additional Fee Required         210       Country       219       Country       219       Country       5. Certificate of Status Desired       \$5.00 May Be Added to Fees         9.* Name and Address of Current Registered Agent       30       Tust Fund Contribution       \$5.00 May Be Added to Fees         8.* Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         84JMAN, PAMELA K.       83       25.00 Bay Be       83         BAUMAN, PAMELA K.       84       City       FL         6901 ENVIRON BLVD 3C       83       84       City       FL         11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered office or registered agent, to obth, in the State of Florida. Such Changie was authored by the corporation's board of directors. I hereby accept the appointment is registered         12.       CorFricERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Change       Additional the strest models         14. Corter: 2.20       Signest Auge       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		ONPROFIT RPORATION JAL REPORT 1999.	Katherin Secretary DIVISION OF C		FILE Apr 08, 1999 Secretary 0 04-08-1999 90009 0	9 8:00 am of State
P.O. BOX 28891         P.O. BOX 28891           DWIE R. 53229-2691         DAVIE F. 13329-2691         Image: Construction of Status and Status	- Corporation P-EEK-A	B.OO CHALLENGED ART	rists inc.			ć
International control       28       International control       06/21/1990         Suite, Apt. #, etc.       4       Fet Number       International control       Applied Fer.         City, 6, state       2       City & State       5. Certificate of States Desired       Exection Comparison of States Desired       State Applied Fer.         Zip       City & State       5. Certificate of States Desired       State Applied Fer.       State Applied Fer.         Zip       Country       Zip       Country       5. Section Comparison of States Desired       State Applied Fer.         Zip       Country       Zip       Country       5. Section Comparison of States Desired       State Applied Fer.         Zip       Country       Zip       Country       10. Name and Address of Name Registered Applied Fer.       State Applied Fer.         BAUMAN, PARELA K.       22       State Applied Fer.       10. Name and Address of Name Registered Applied Fer.       State Applied Fer.         BAUMAN, PARELA K.       22       State Applied Fer.       10. Name and Address of Name Registered Applied Fer.       10. Name and Address of Name Registered Applied Fer.       10. Name and Address of Name Registered Applied Fer.         State Applied Fer.       10. Name and Address of Name Registered Applied Fer.       10. Name and Address of Name Registered Applied Fer.         State Applied	.O. BOX 292	691	P.O. BOX 292691			
Subs. Apt. #, etc.         Subs. Apt. #, etc.         Applied Tor         Applied Tor           City & State         1         City & State         5. Certificate of Status Desired         Fee Required           Zp         Country         4. Eel Nomber         Status Desired         Fee Required           Zp         Country         5. Certificate of Status Desired         Fee Required           Zp         Country         5. Certificate of Status Desired         Status Desired         Fee Required           Site         Table         Desired Address of Current Registered Agent         10. Name and Address of Current Registered Agent         Status Desired	י <sup>י</sup>	Place of Business				
Long Actions       20       Country       4000 hows       Added to Fees         9       Name and Address of Current Registered Agent       10       Name and Address of New Registered Agent       40       10       Name and Address of New Registered Agent       40       10       Name and Address of New Registered Agent       60       10       Name and Address of New Registered Agent       10       Name Address of New Registered Agent       10       Added to Fees       10       Added to Fees       10       1	Suite, Apt.	#, etc.	27			Not Applicable
Image: Point State Point			28			Fee Required
BAUMAN, PAMELA K.     B1     Name       BAUMAN, PAMELA K.     B2     Street Address (P.O. Box Number is Not Acceptable)       B3     B4     CRy     B3       B4     CRy     B3       B4     CRy     B4       B4     CRy     B3       B4     CRy     B3       B4     CRy     B4       B4     CRY        B4     CRY <td>ч <sup>с</sup></td> <td>25</td> <td>29</td> <td> ·</td> <td>Trust Fund Contribution</td> <td>Added to Fees</td>	ч <sup>с</sup>	25	29	·	Trust Fund Contribution	Added to Fees
Signaux, typed or prive name digit and the if regletable.       (NOTE: Regetable digit and instanting)       Dutte       Dute       Dut						
TILE D Change Addition Change Change Addition Change Change Addition Change Change Addition Change Chaddit Change Change Change Change Change Change Change C	office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	me of Fionna. Such change was a	es, the above-named con uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
Texture       Torret ADDRESS         2720 NW 85TH AVE, #136       13 STREET ADDRESS         2774 NW 85TH AVE, #136       21 TTLE         278 NW 85TH AVE, #136       21 TTLE         278 NW 91ST AVE.       23 STREET ADDRESS         2775 NW 91ST AVE.       23 STREET ADDRESS         2775 NW 91ST AVE.       23 STREET ADDRESS         3780 NW 91ST AVE.       24 CITY-ST-2P         TTLE       0 ELETE         3100 NW 105TH AVE.       23 STREET ADDRESS         3780 NW 105TH AVE.       33 STREET ADDRESS         3780 NW 105TH AVE.       43 STREET ADDRESS         3780 NW 105TH AVE.       33 STREET ADDRESS         3780 N.W. 88 AVE.#120       33 STREET ADDRESS <tr< td=""><td>office or r agent. I a BIGNATURE</td><td>registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered</td><td>agent and the if applicable. (NOTE:</td><td>es, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir</td><td>poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE</td><td>C anging its registered pointment as registered</td></tr<>	office or r agent. I a BIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered	agent and the if applicable. (NOTE:	es, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	C anging its registered pointment as registered
TILE       P       DELETE       21 TTLE       Change       Addition         TITLE       PEDER SEN, ELLEN       23 STREET ADDRESS       23 STREET ADDRESS       23 STREET ADDRESS         TITLE       V       24 CITY-ST-ZP       24 CITY-ST-ZP       Change       Addition         TITLE       V       DELETE       31 TTTLE       Change       Addition         STREET ADDRESS       32 WW 105TH AVE.       32 STREET ADDRESS       32 NAME       33 STREET ADDRESS         1320 WW 105TH AVE.       33 STREET ADDRESS       33 STREET ADDRESS       44 Office       44 Office         STREET ADDRESS       1320 WW 105TH AVE.       33 STREET ADDRESS       44 Office       44 Office         STREET ADDRESS       1320 WW 105TH AVE.       34 CITY-ST-ZP       Change       Addition         MAME       BAUMAN, SHIRLEY       44 CITY-ST-ZP       Change       Addition         STREET ADDRESS       1684 S-W-81ST-LANE       2       43 STREET ADDRESS       44 Office         STREET ADDRESS       10 DELETE       51 TTTLE       2       44 Office         STREET ADDRESS       10 DELETE       51 TTTLE       2       44 Office         STREET ADDRESS       3700 N.W. 88 AVE.#120       53 STREET ADDRESS       53 STREET ADDRESS       53 STREE	office of r agent. I a SIGNATURE	Signature, typed or printed name of registered     OFFICERS	agent and the if applicable. (NOTE: AND DIRECTORS	es, the above-named con uthorized by the corporat rida Statutes. Registered Agent signature requir 13.	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	C changing its registered pointment as registered
Ave       PEDER SEN, ELLEN       22 NAME         Intert ADDRESS       1725 WW 91ST AVE.       23 STREET ADDRESS         Intert ADDRESS       24 ctrv-str.2/P       PLANTATION FL       24 ctrv-str.2/P         Intert V       IDELETE       31 TTLE       IChange       Additive         Ave       ROSENTHAL, RICKIE       32 NAME       33 STREET ADDRESS       IChange       Additive         1320 WW 105TH AVE.       132 NAME       33 STREET ADDRESS       IChange       Additive         Intert TS       1320 WW 105TH AVE.       34 ctrv-str.2/P       IChange       Additive         Intert TS       IDELETE       41 TTLE       IChange       Additive         Ave       BAUMAN, SHIRLEY       42 STREET ADDRESS       IChange       Additive         Intert ADDRESS       1964 St.W. 81ST FLANE       IChange       IChange       IAdditive         Intrest ADDRESS       3700 N.W. 88 AVE.#120       ITTLE       IChange       IAdditive         Intreet ADDRESS       3700 N.W. 88 AVE.#120       S3 STREET ADDRESS       IChange       IAdditive         Intre       ID       IDELETE       S1 STREET ADDRESS       IChange       IAdditive         Intre       ID       IDELETE       S1 STREET ADDRESS       IChange       <	office of r agent. I a BIGNATURE 2. TILE AME	Signature, typed or printed name of registered OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136	agent and the if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	C changing its registered pointment as registered
ITV-ST-ZIP       PLANTATION FL       2.4 CTV-ST-ZIP         ITLE       V       DELETE       3.1 TITLE       Change       Addition         ITREET ADDRESS       1320 WW 105TH AVE.       3.3 STREET ADDRESS       3.3 STREET ADDRESS       Image: Change       Addition         ITV-ST-ZIP       PLANTATION FL       3.4 CTV-ST-ZIP       Image: Change       Addition         ITVE       TS       DELETE       4.1 TITLE       Image: Change       Addition         ITVE       TS       DELETE       4.1 TITLE       Image: Change       Addition         ITVE       TS       DELETE       4.1 TITLE       Image: Change       Addition         ITVE       TREET ADDRESS       1984 S-W #01ST-LANE       4.4 CTV-ST-ZIP       Image: Change       Addition         ITTLE       DAVIE FL       Image: Change       4.4 CTV-ST-ZIP       Image: Change       Addition         ITTLE       DAVIE FL       Image: Change       5.1 TITLE       Image: Change       Addition         ITTLE       DAVIE FL       Image: Change       5.3 STREET ADDRESS       3.3 STREET ADDRESS       Image: Change       Addition         ITTLE       D       Image: Change       5.3 STREET ADDRESS       Image: Change: Change: Change       Image: Change: Change	office or r agent. I a SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP	Bignature, typed or printed name of registered Signature, typed or printed name of registered OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL	agent and the if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12
ITLE V SENTHAL, RICKIE 32 NAME 44 CITY-ST-ZIP 100 Change Additional Additionad Additionad Additional Additional Additional	office or r agent. I a SIGNATURE 2. TLE TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Performance of the second agent, or both, in the state of familiar with, and accept the obliced of printed name of registered of FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN	agent and the if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes.  Registered Agent signature requir 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12
Investigation       Investigation         TREET ADDRESS       33 STREET ADDRESS         1320 WW 105TH AVE.       34. CITY-ST-ZIP         PLANTATION FL       34. CITY-ST-ZIP         ITLE       ITTLE         TS       DELETE         4. TITLE       4. CITY-ST-ZIP         ITTLE       4. CITY-ST-ZIP         ITTLE       4. CITY-ST-ZIP         DAVIE FL       4. CITY-ST-ZIP         ITT-ST-ZP       DAVIE FL         4. CITY-ST-ZIP       4. CITY-ST-ZIP         ITLE       Change         ITLE       Change         ITLE       Change         ITT-ST-ZP       DAVIE FL         4. CITY-ST-ZIP       Change         ITLE       Change         ITLE       Change         ITLE       STREET ADDRESS         3. STREET ADDRESS       3. STREET ADDRESS         STREET ADDRESS       3. STREET ADDRESS         STREET ADDRESS       2100 INVERRARY BLVD         ITLE       Change         ITLE       Change         INF-ST-ZIP       IAUDERHILL FL 33318         INF-ST-ZIP       IAUDERHILL FL 33318         IAUDERHILL FL 1.33318       64 CITY-ST-ZIP         IAUDERHILL	office of r agent. I a SIGNATURE 12. THE AME TREET ADDRESS TREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered to OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE.	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes.  Registered Agent signature requir 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12     Change Addition
ITV-ST-ZIP       PLANTATION FL       34. CTV-ST-ZIP         ITTLE       TS       DELETE       4.1 TITLE       Change       Additive         ITME       BAUMAN, SHIRLEY       4.2 NAME       2       4.3 STREET ADDRESS       2         ITTV-ST-ZIP       DAVIE FL       4.4 CITV-ST-ZIP       4.4 CITV-ST-ZIP       2       4.4 CITV-ST-ZIP         ITTLE       D       DELETE       5.1 TITLE       Change       Additive         ITTV-ST-ZIP       DAVIE FL       DELETE       5.1 TITLE       Change       Additive         ITTV-ST-ZIP       DAVIE FL       DELETE       5.1 TITLE       Change       Additive         ITTV-ST-ZIP       DAVIE FL       DELETE       5.1 TITLE       Change       Additive         ITTV-ST-ZIP       STREET ADDRESS       3700 N.W. 88 AVE.#120       5.3 STREET ADDRESS       5.4 CITV-ST-ZIP	office of r agent. I a SIGNATURE IZ. THE C AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREE	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	L of changing its registered with the second
If te       IS       I DELETE       I TITLE         AME       BAUMAN, SHIRLEY       4.2 NAME         TREET ADDRESS       1964 S W 81ST=LANE       4.3 STREET ADDRESS         ITY-ST-ZIP       DAVIE FL       4.4 CTY-ST-ZIP         TITLE       D       DELETE         ITW-ST-ZIP       DAVIE FL       I Change         ITW-ST-ZIP       DELETE       5.1 TITLE         ITW-ST-ZIP       SUNRISE FL       I Change         ITY-ST-ZIP       SUNRISE FL       I Change         ITY-ST-ZIP       SUNRISE FL       I Change         ITW-ST-ZIP       DELETE       6.1 TITLE         ITW-ST-ZIP       DELETE       6.1 TITLE         ITW-ST-ZIP       I Additi       6.3 STREET ADDRESS         2400 INVERRARY BLVD       6.3 STREET ADDRESS         STREET ADDRESS       2400 INVERRARY BLVD         Ithereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(	AME AME AME AME AME AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREE AME	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE	agent and title if applicable. (NOTE: AND DIRECTORS	As, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12     Change Addition
INCL.       INCL. <td< td=""><td>AME AME AME AME AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS</td><td>Pegistered agent, or both, in the Sta am familiar with, and accept the oblic Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL</td><td>agent and title if applicable. (NOTE: AND DIRECTORS</td><td>As, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP</td><td>poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE</td><td>AND DIRECTORS IN 12     Change Addition     Change Addition</td></td<>	AME AME AME AME AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS	Pegistered agent, or both, in the Sta am familiar with, and accept the oblic Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL	agent and title if applicable. (NOTE: AND DIRECTORS	As, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12     Change Addition     Change Addition
ITY-ST-ZIP       DAVIE FL       44 CITY-ST-ZIP         ITLE       DELETE       5.1 TITLE         ITME       AGINS, RAE       52 NAME         AME       AGINS, RAE       52 NAME         STREET ADDRESS       3700 N.W. 88 AVE.#120       5.3 STREET ADDRESS         ITY-ST-ZIP       SUNRISE FL       0 DELETE         D       DELETE       5.1 TITLE         ITY-ST-ZIP       DELETE       5.1 TITLE         ITME       D       0 DELETE         STREET ADDRESS       54 CITY-ST-ZIP         ITME       DELETE         STREET ADDRESS       64 CITY-ST-ZIP         ITY-ST-ZIP       LAUDERHILL FL 33318         GAUGING does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information stated in certify and accurate and the regimered the compared to compare and accurate and the regimere shall have the same level effect as if made under earth; that I am an	AME SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS	agent and title if applicable. (NOTE: AND DIRECTORS	As, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
AGINS, RAE AGINS, RAE AGINS, RAE AGINS, RAE AGINS, RAE AGINS, RAE S2 NAME S2 NAME S3 STREET ADDRESS S700 N.W. 88 AVE.#120 S1 STREET ADDRESS S4 CITY-ST-ZIP ULISA, TROCONIS CHARGE	AME AME AME TREET ADDRESS TREET ADDRESS TRY-ST-ZIP TREET ADDRESS TRY-ST-ZIP TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS AME	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
WME       ACINS, IVAE         STREET ADDRESS       3700 N.W. 88 AVE.#120         STY-ST-ZIP       SUNRISE FL         D       5.1 STREET ADDRESS         TTLE       D         LUISA, TROCONIS       61 TITLE         STREET ADDRESS       62 NAME         STREET ADDRESS       64 CITY-ST-ZIP         Change       Addition         STREET ADDRESS       2400 INVERRARY BLVD         Gas STREET ADDRESS       64 CITY-ST-ZIP         LAUDERHILL FL 33318       64 CITY-ST-ZIP         14. 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         14. 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 and prover is rule and accurate and the rule 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 and prover is rule and the rule information and prover is rule and the rule 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 and prover is rule and the ru	AGRICATION ADDRESS AME TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS ATY-ST-ZIP TILE AME TREET ADDRESS ATY-ST-ZIP TILE AME TREET ADDRESS ATY-ST-ZIP TILE AME TREET ADDRESS ATY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1964 S-W-81ST-LANE DAVIE FL	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con thorized by the corporat ida Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 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 4.4 CITY-ST-ZI	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition
CITY-ST-ZIP       SUNRISE FL       54 CITY-ST-ZIP         Imme       D       DELETE       6.1 TITLE         VAME       LUISA, TROCONIS       62 NAME         STREET ADDRESS       2400 INVERRARY BLVD       6.3 STREET ADDRESS         CITY-ST-ZIP       LAUDERHILL FL 33318       6.4 CITY-ST-ZIP         14. Intereby 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	AGRICATION ADDRESS AME TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TT	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1964 S-W-81ST-LANE DAVIE FL D	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 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	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	L of changing its registered bointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
NAME LUISA, TROCONIS STREET ADDRESS 2400 INVERRARY BLVD 62 NAME 63 STREET ADDRESS 64 CTY-ST-ZIP 14. 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 14. 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 14. 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 14. 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 14. 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 14. 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 15. Complexity of the term of the provide the same level effect as if made under oath; that I am an	AGRICATION ADDRESS AME TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE TREET ADDRESS TTY-ST-ZIP TTLE	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1964 S-W-81ST-LANE DAVIE FL D AGINS, RAE	agent and title if applicable. (NOTE: AND DIRECTORS	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 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	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	Change Addition     Change Addition
64 CITY-ST-ZIP     LAUDERHILL FL 33318     64 CITY-ST-ZIP     LAUDERHILL FL 33318     64 CITY-ST-ZIP     17. 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     information and that my signature shall have the same legal effect as if made under oath; that I am an	AME AME AME TREET ADDRESS TTY-ST-ZIP TTLE AME TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS ATY-ST-ZIP TTLE AME TREET ADDRESS ATY-ST-ZIP TTLE AME TREET ADDRESS ATY-ST-ZIP TTLE AME TREET ADDRESS ATY-ST-ZIP TTLE AME TREET ADDRESS ATY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1984 S-W-81ST=LANE DAVIE FL D AGINS, RAE 3700 N.W. 88 AVE.#120 SUNRISE FL	agent and the if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	as, the above-named con thorized by the corporat ida Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	Change Addition     Change Addition     Change Addition
to the second report of an and report of an and report is true and accurate and that MV signature shall have the same report as in model under under one.	AGRICA OF I agent. I a SIGNATURE IZ. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1864 S-W-81ST-LANE DAVIE FL D AGINS, RAE 3700 N.W. 88 AVE.#120 SUNRISE FL D LUISA, TROCONIS	agent and the if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	as, the above-named con thorized by the corporat ida Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 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 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	poration submits this statement for the purpose tion's board of directors: I hereby accept the app red when reinstating) DATE	Change Addition     Change Addition     Change Addition
	AME SIGNATURE SIGNATURE IZ. THE AME TREET ADDRESS ITY-ST-ZIP THE AME TREET ADDRESS ITY-ST-ZIP THE ITHE ITHE ITHE ADDRESS ITY-ST-ZIP THE ITHE ITHE ITHE ADDRESS ITY-ST-ZIP THE ITHE ITHE ITHE ADDRESS ITY-ST-ZIP THE ITHE ITHE ITHE ADDRESS ITY-ST-ZIP ITHE ITHE ITHE ADDRESS ITY-ST-ZIP ITHE ITHE ITHE ADDRESS ITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered i OFFICERS D FLORES, LUIS 3720 NW 85TH AVE, #136 SUNRISE FL P PEDER SEN, ELLEN 1725 WW 91ST AVE. PLANTATION FL V ROSENTHAL, RICKIE 1320 WW 105TH AVE. PLANTATION FL TS BAUMAN, SHIRLEY 1964 S-W 81ST=LANE DAVIE FL D AGINS, RAE 3700 N.W. 88 AVE.#120 SUNRISE FL D LUISA, TROCONIS 2400 INVERRARY BLVD LAUDERHILL FL 33318	agent and the if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	as, the above-named con uthorized by the corporat ida Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	poration submits this statement for the purpose tion's board of directors: I hereby accept the app ned when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	Change Additio     Change Additio     Change Additio     Change Additio