CORPO	IPROFIT ORATION L REPORT		Sandra B Secretar	ITMENT OF STATE 3. Mortham ry of State CORPORATIONS			
orporation N	Varme LORGANIZATION		1020 (6) IITY ASSOCIATIO				
ipal Place o		Mai	iling Address		[[	UNI UNIN UUNU NI	
524 SW 111 TERRACE 15524 SW 111							
MI FL 33196	3	NI	AMI FL 33130		3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Re 05/01/199	
rincipal Plac	ce of Business		Mailing Address		4. FEI Number 65-0478945	┝┉╺╋━┷╸	plied For t Applicable
uite, Apt. #,	, etc.	26	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
ity & State		27	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
<u>Ip</u>	Country	28	Ζιρ	Country 30	8. This corporation has liability for in Florida Statutes	Yes No	99.032,
	25 9. Name and Address	of Current Regist	tered Agent	81 Name	10. Name and Address of New R	egistered Agent	
miami fl				83 64 City		<u> </u>	Code
Pursuant to or registere familiar with	o the provisions of Sections ad agent, or both, in the St h, and accept the obligatio	ins of, Section 617.	.0503, Florida Statutes	<b>84</b> City es, the above named corporation's boa	pration submits this statement for the pur and of directors. I hereby accept the appr	FL pose of changing its re ointment as registered a	elatored offic
Pursuant to or registere familiar with NATURE	o the provisions of Sections ad agent, or both, in the St h, and accept the obligatio Signature, typed or printed name of o	egistered agent and little if	applicable.	84 City es, the above-named corporation's boo		Pose of changing its re ointment as registered to DATE	gistered offic agent. I am RS IN 12
Pursuant to or registere familiar with NATURE	o the provisions of Sections ad agent, or both, in the St h, and accept the obligatio Signature, typed or printed name of or OFF PD CARBONELL, CARLO	egistered agent and little if	applicable.	84 City es, the above-named corporation's boa s.	ed when reinstation	FL pose of changing its re bintment as registered a	gistered offic agent. I am
Pursuant to or registere familiar with NATURE	o the provisions of Sections ad agent, or both, in the St h, and accept the obligation Signature, typed or printed name of or OFF PD CARBONELL, CARLO 15524 SW 111TH TE MIAMI FL	egistered agent and little if	applicable. (MC CTORS DELETE	B4 City     es, the above-named corporation's boo     s.     TE: Registered Agent signature requir     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 City-ST-ZIP	ed when reinstation	Pose of changing its re ointment as registered to DATE	gistered offic agent. I am
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