## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| FILED              |
|--------------------|
| May 11 1998 8:00am |
| Secretary of State |

|  | MENT # N9400<br>E United Community Ch   |  |   |  |  |   |  |   |
|--|---|--|---|--|--|---|--|---|
| Principal Place  | e of Business   | Mailing Address  |   | - <del>-</del>   |  | HAN AMINI AMINI D <b>il</b> i   | II <b>1</b> 1111   <b>1000</b> 1         | HIN (00) 100i                               |
| % MARGULIES & RONES PA<br>16105 NE 18TH AVE<br>NORTH MIAMI BEACH FL  |   | % MARGULIES & RONES PA   |   | 3- Date Incorporated or Qualific   | ed   | <del></del> -   | <del></del>                              |   |
|  |   | 16105 NE 18TH AVE  |   |  | 11/23/1994   | -   |  |   |
|  |   | NORTH MIAMI BEACH FL   |   |  | 4. FEI Number  |   | AF                                       | plied For                                   |
|  |   |  |   |  | 65-0539561   |   | No                                       | t Applicable                                |
| 2. Principal Place of Business   |   | 28. Mailing Address  |   |  | 5. Certificate of Status Desired   |   | \$8.75                                   |   |
| Suite, Apt.  | #. etc  | 26 Suite, Apt. #, etc.   |   |  | & Flastica Compaign Flagge   |   | Fee Re                                   |   |
| 22   | W  WID:   | 27   |   |  | <ol> <li>Election Campaign Financin</li> <li>Trust Fund Contribution</li> </ol>  | ° 🗆   | \$5.00 (<br>Added to                     |   |
| City & State   |   | City & State   |   |  |  | Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association? |  |   |
| 23   |   | 28   | <del></del>   | <u>.</u>   |  | Yes [   | No                                       |   |
| Zip<br>1   | Country   | Zip  | Country   |  | 8. This corporation owes or has  |   |  |   |
| 24   | 9. Name and Address of Curre  | 29]<br>ant Registered Agent  | 30  |  | Personal Property Tax due J  10. Name and Address of New   | T   |  | J No  |
|  | - Helio Bilo Adel Goo of Gall   | The state of the s | 81  | Name   | 70. 144110 0114 700, 922 01 1101   | Tiogratorou A   | Source                                   |   |
| RONES  | VICTOR K  |  |   | O  | (D.O. D. M   | -4-Elas   |  |   |
|  | E 18TH AVE  |  | 82  | Street Ador  | ress (P.O. Box Number Is Not Acce  | ptable)   |  |   |
|  | MIAMI BEACH FL 33162  |  | 83  |  |  |   |  |   |
|  |   |  | 84  | City   |  | <del></del>   | <b>85</b> Zip (                          | Code  |
|  |   |  | [ ]   | Ony  |  | <u>FL</u>   | '  |   |
| 11. Pursuant t   | to the province of Sections 617.00  |  |   |  |  |   | · I I 1                                  | e registered                                |
| office or re   | egistered agent, or both, in the Sta  | 502 and 617.1508, Florida Statu<br>te of Florida. Such chance was  | ites, the above<br>authorized by  | -named corp  | poration submits this statement for t  | he purpose of a   | cnanging ii<br>sintment as               | registered                                  |
| office or re<br>agent. I as  | registered agent, or both, in the Sta<br>im familiar with, and accept the obl   | 502 and 617.1508, Florida Statu<br>te of Florida. Such change was<br>igations of, Section 617.0503, F  | ites, the above<br>authorized by<br>loride Statutes   | -named corp<br>the corporat  | poration submits this statement for t<br>tion's board of directors. I hereby a   | he purpose of o<br>ccept the appo   | changing ii<br>pintment as               | registered                                  |
| office or re<br>agent. I as<br>SIGNATURE   | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl  | te of Florida. Such change was igations of, Section 617.0503, F  | authorized by<br>lorida Statutes  | the corporat   | tion's board of directors. I hereby a  | ccept the appo  | changing in<br>intment as                | registered                                  |
| office or re<br>agent. I as<br>SIGNATURE   | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl<br>Signature, typed or printed name of registered a  | te of Florida. Such change was igations of, Section 617.0503, F  | authorized by<br>lorida Statutes  | the corporat   | coration submits this statement for the statement for the statement for the statement of directors. I hereby at the statement for the statement for the statement of the stateme | DATE  | ointment as                              | registered                                  |
| office or re<br>agent. I as<br>SIGNATURE   | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl<br>Signature, typed or printed name of registered a  | te of Florida. Such change was igations of, Section 617.0503, F  | authorized by<br>lorida Statutes  | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE  | ointment as                              | registered<br>S IN 12                       |
| office or ri<br>agent. I ai<br>SIGNATURE _   | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A  | te of Florida. Such change was igations of, Section 617.0503, Florent and title II applicable. (NO ND DIRECTORS  | authorized by<br>lorida Statutes<br>TE: Registered Ager<br>13,  | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE  | DIRECTOR                                 | registered<br>S IN 12                       |
| office or reagent. I as SIGNATURE  | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL  | te of Florida. Such change was igations of, Section 617.0503, Florent and title II applicable. (NO ND DIRECTORS  | authorized by lorida Statutes  YE: Registered Ager  13.  1,1 TITLE  | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE  | DIRECTOR                                 | registered<br>S IN 12                       |
| office of reagent. Fair SIGNATURE _  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | egistered agent, or both, in the Sta<br>im familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179  | te of Florida. Such change was igations of, Section 617.0503, Florent and the It applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST   | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change                         | S IN 12                                     |
| Office or reagent. Fair SIGNATURE _  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179   | te of Florida. Such change was igations of, Section 617.0503, Florent and title II applicable. (NO ND DIRECTORS  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET.  1.4 CITY-ST  2.1 TITLE   | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR                                 | S IN 12                                     |
| Office or reagent. Fair SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW  | te of Florida. Such change was igations of, Section 617.0503, Florent and the It applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET.  1.4 CITY-ST  2.1 TITLE  2.2 NAME   | the corporat   | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change                         | S IN 12                                     |
| office or reagent. Fair agent. Fair SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW<br>1740 NW 191ST ST  | te of Florida. Such change was igations of, Section 617.0503, Florent and the It applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  | ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change                         | S IN 12                                     |
| office or reagent. I as agent. I as agent. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW<br>1740 NW 191ST ST<br>MIAMI FL 33056                        | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes TE: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S  | ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change                 | S IN 12 Addition                            |
| office or reagent. Fair agent. Fair SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW<br>1740 NW 191ST ST<br>MIAMI FL 33056<br>D                   | te of Florida. Such change was igations of, Section 617.0503, Florent and the It applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  | ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change                         | S IN 12 Addition                            |
| Office or reagent. I as agent. I as agent. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW<br>1740 NW 191ST ST<br>MIAMI FL 33056                        | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE   | ADDRESS 1- ZIP ADDRESS 1- ZIP  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change                 | S IN 12 Addition                            |
| Office or reagent. I as agent. I as agent. I as agent. I as signature  | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>ARCHIBALD, DENNIS D<br>20310 NE 10TH PL<br>MIAMI FL 33179<br>D<br>ARCHIBALD, MATTHEW<br>1740 NW 191ST ST<br>MIAMI FL 33056<br>D<br>PERRY, GILBERT | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO NO DIRECTORS DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME   | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition                            |
| Office or reagent. I as agent. I as agent. I as agent. I as signature  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO ND DIRECTORS DELETE   | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET   | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change                 | S IN 12 Addition                            |
| office or reagent. I as agent. I as agent. I as signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP   | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO NO DIRECTORS DELETE DELETE  | authorized by lorida Statutes TE: Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S  | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS  | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition                   |
| Office of the agent. I all agent. I all agent. I all signature.  12.  Title Name Street address city-St-Zip Title Name Street address  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO NO DIRECTORS DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.3 STREET  | ADDRESS 1- ZIP   | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition                   |
| Office of 11 agent. 1 ai   | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-ST   | ADDRESS 1- ZIP   | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition Addition          |
| Office of 11 agent. 1 ai   | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Florent and the II applicable. (NO NO DIRECTORS DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-SI  5.1 TITLE  | ADDRESS 1- ZIP   | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition                   |
| Office of the agent. I all agent. I all agent. I all agent. I all signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-SI  5.1 TITLE  5.2 NAME  | ADDRESS 1- ZIP   | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition Addition          |
| Office of 11 agent. 1 air agent. 2 it.  112.  111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-S  5.1 TITLE  5.2 NAME  5.3 STREET  5.3 STREET  5.4 STREET  5.5 STREET  5.5 STREET  5.5 STREET  5.5 STREET       | ADDRESS 1- ZIP                               | tion's board of directors. I hereby at red when reinstating)   | DATE FRICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition Addition          |
| Office of the agent. I all agent. I all agent. I all agent. I all signature.  12.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-ST  5.1 TITLE  5.2 NAME  | ADDRESS 1- ZIP                               | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change  Change  Change         | S IN 12 Addition Addition Addition Addition |
| Office of 11 agent. 1 air  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-ST  5.1 TITLE  5.2 NAME  5.3 STREET  5.4 CITY-ST  5.4 CITY-ST  5.4 CITY-ST  5.5 STREET  5.4 CITY-ST  5.4 CITY-ST | ADDRESS 1- ZIP                               | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change  Change  Change  Change | S IN 12 Addition Addition Addition          |
| Office of the agent. I all agent. I  | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-SI  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-SI  5.1 TITLE  5.2 NAME  5.3 STREET  5.4 CITY-SI  6.1 TITLE  | ADDRESS 1- ZIP                               | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change  Change  Change  Change | S IN 12 Addition Addition Addition Addition |
| Office of the agent. I all agen | egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered a  OFFICERS A  D  ARCHIBALD, DENNIS D  20310 NE 10TH PL  MIAMI FL 33179  D  ARCHIBALD, MATTHEW  1740 NW 191ST ST  MIAMI FL 33056  D  PERRY, GILBERT  871 NW 179TH ST            | te of Florida. Such change was igations of, Section 617.0503, Figeril and the II applicable. (NO NO DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE  | authorized by lorida Statutes  TE: Registered Ager  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-SI  5.1 TITLE  5.2 NAME  5.3 STREET  5.4 CITY-SI  6.1 TITLE  6.2 NAME                                | ADDRESS 1- ZIP | tion's board of directors. I hereby at red when reinstating)   | DATE FFICERS AND  | DIRECTOR  Change  Change  Change  Change | S IN 12 Addition Addition Addition Addition |