Principal Place of Business  34 W 280 STREET 35 W 280 STREET 3		FILED in 28, 2000 8:00 Secretary of Star 01-28-2000 90149 037 ****70.0		יהו נעשר		MENT # N990000	DOCU 1. Entity Nam	
NALEAM FL 3000       2. Principal Place of Business     3. Mailing Address       Sume, Apt. #, etc.     Suite, Apt. #, etc.       City & State     City & State       Zip     Country       Site, Apt. #, etc.     Do NOT WRITE IN THIS SPACE       Zip     Country       Site, Apt. #, etc.     Country       S	00	01-28-2000 90149 037 ****/0.0			Mailing Address	e of Business	Principal Plac	
Suite. Apt II, etc. DONOT WRITE IN THIS SPACE City & State City & Stat					33 w 23rd street Hialeah Fl 33010-2250			
City & State     City & State     4. FEI Humber     State     State       Zip     Country     Zip     Country     State     State       A. FEI Humber     State     State     State     State       e. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       GARCIA, FREDDY     Street Address (PC. Box Number is Not Acceptable)     Street Address (PC. Box Number is Not Acceptable)       Street Address (PC. Box Number is Not Acceptable)     Street Address (PC. Box Number is Not Acceptable)       Street Address (PC. Box Number is Not Acceptable)     Street Address (PC. Box Number is Not Acceptable)       Street Address (PC. Box Number is Not Acceptable)     Street Address (PC. Box Number is Not Acceptable)       Street Address (PC. Box Number is Not Acceptable)     Street Address (PC. Box Number is Not Acceptable)       Street Address (PC. Box Number is Not Acceptable)     Dotte       Street Address (PC. Box Number is Not Acceptable)     Dotte       Street Address (PC. Box Number is				3. Mailing Address		lace of Business	2. Principal Place of Business	
Zip         Country         Zip         Country         Sign 5 Add Sign 75 Add		DO NOT WRITE IN THIS SPACE			Suite, Apt. #, etc.	#, etc.	Suite, Apt.	
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Add Free Registered Agent         GARCIA, FREDDY 33 W 23 ST_ HIALEAH FI 33010       Name       Name       Name       Name         City       FL       Zip Coole (0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	pplied For ot Applicable				City & State	3	City & State	
B. Name and Address of Current Registered Agent     T. Name and Address of New Registered Agent     Name     Streat Address of New Registered Agent     Name     Streat Address of New Registered Agent     Name     Streat Address (PO. Box Number is Not Acceptable)     Streat Address     Streat Address (PO. Box Number is Not Acceptable)     Streat Address	ditional	of Status Desired 🖌 \$8.75 Add		Country	Zip	Country	Zip	
GARCIA, FREDDY 33 W 23 ST. HIALEAH FL 33010       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         D. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.       City       FL       Zip Code         SignAture       GARCIA, FREDDY (PASTOR)       Cuty       1-20-00       Dete         SignAture, based or inserted flage of registered agent and its of registered agent			7. Name and A		legistered Agent	6. Name and Address of Current R		
GARCA, FREDDY         HALEAH FL 33010         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.         SIGNATURE       GARCIA, FREDDY (PASTOR)         Signature, head or preter frame of registered agent and tell statedade.       In-20-00         Signature, head or preter frame of registered agent and ref registered agent and reference agent agent and reference agent and reference agent ag	<u> </u>			Name				
Interaction of the purpose of changing its registered agent, or both, in the state of Florida.         City       FL       Zip Code         City       FL       Zip Code         Signature, based or purpose of changing its registered agent, or both, in the state of Florida.         Signature, based or purpose of changing its registered agent, or both, in the state of Florida.         Signature, based or purpose of changing its registered agent, or both, in the state of Florida.         Signature, based or purpose of changing its registered agent, or both, in the state of Florida.         Signature, based or purpose of changing its registered agent, or both, in the state of Florida.         Signature, based or purpose of changing Financing True is state.       1 - 20 - 00         Colspan="2">Colspan="2"         Signature, based or purpose of changing Financing       Signature, based or purpose of changing Financing       Signature, based or purpose		is Not Acceptable)	dress (P.O. Box Number	Street Ac				
City     FL     2p.000e       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.          GARCIA, FREDDY (PASTOR)		د میں بہ جیہ		· · · · ·	د دیکری کر برونی د			
SIGNATURE       CARCIA, FREDDY (PASTOR)       CMTE       1-20-00         Structure, typed or printer aims at registered agent and the if application.       (MOTE Registered Agent Syntause Marcin Finanzing)       Date         FILE NOW: FEE IS \$61.25       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees.       Make Check Payable to Department of State         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make       Change         175.57.07       MAMI FL 33125       0 Delete       TITLE MAME       Change       Change         176.57.20       MAMI FL 33125       0 Delete       TITLE       Change       Change         MAME       STREFLADDRESS       0 Delete       TITLE       Change       Change         MAME       TOT       0 Delete       TITLE       Change       Change         MAME       TOT       0 Delete       TITLE       Change       Change         MAME       STREFLADDRESS       CITY ST: 2P       CITY ST: 2P       CITY ST: 2P       CITY ST: 2P         MAME       GAPCIA, FREDDY       0 Delete       TITLE       NAME       Change       Change         MAME       STREFLADDRESS       CITY ST: 2P       CITY ST: 2P       CITY ST: 2P       Change	ie	FL Zip Code		City				
ITLE SD Change C		Department of State	Added to Fees		Trust Fund Contribu	FEE IS \$61.25		
Intel	N 10 Addition		ADDITIONS/CHAI					
TILE       TD       Delete       TTLE       NAME         AMAE       ROJAS, ESTELA       STREET ADDRESS       STREET ADDRESS         ISTRET ADDRESS       TSTEET ADDRESS       CITY-ST-ZIP         MIAMI FL 33125       Delete       TILE         VITLE       D       Delete       TILE         AMAE       GARCIA, FREDDY       NAME         STREET ADDRESS       33 W 23 ST       STREET ADDRESS         VITV-ST-ZIP       HIALEAH FL 33010       CITY-ST-ZIP         WILE       D       Delete       TITLE         MAME       STREET ADDRESS       STREET ADDRESS         33 W 23 ST       CITY-ST-ZIP       CITY-ST-ZIP         HIALEAH FL 33010       Delete       TITLE         NAME       STREET ADDRESS       STREET ADDRESS         33 W:23 ST       CITY-ST-ZIP       CITY-ST-ZIP         ITTE       MAME       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         ITTE       MAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ITTE       MAME       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS <td< td=""><td></td><td></td><td></td><td>NAME Street address</td><td></td><td>FERNANDEZ, MARCOS A 1745 NW 15 ST RD</td><td>IAME STREET ADDRESS</td></td<>				NAME Street address		FERNANDEZ, MARCOS A 1745 NW 15 ST RD	IAME STREET ADDRESS	
Initial Title       D       Delete       Title       Delete       Title       Change         AME       GARCIA, FREDDY       33 W 23 ST       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Inite Table All FL 33010       CITY-ST-ZIP         IVE       D       D       Delete       Title       CITY-ST-ZIP       CITY-ST-ZIP         INTEET ADDRESS       33 W 23 ST       Delete       Title       CITY-ST-ZIP       CITY-ST-ZIP         INTEET ADDRESS       33 W 23 ST       Delete       Title       NAME       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete       TITLE       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete       TITLE       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete       TITLE       NAME       STREET ADDRESS       STREET ADDRESS         ITTLE       Delete       TITLE       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         ITTLE       Delete       STREET ADDRESS       STRE	Addition	Change		NAME STREET ADDRESS	Delete	Rojas, estela 1579 nw north RD, apt 11	iame Treet address	
ITTLE     D     Delete     TTTLE       MAME     STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       DTTV- ST-ZIP     Delete     TITLE       MAME     Delete     TITLE       MAME     Delete     TITLE       MAME     Delete     TITLE       MAME     STREET ADDRESS     CITV- ST-ZIP       TITLE     STREET ADDRESS     STREET ADDRESS       MAME     STREET ADDRESS     CITV- ST-ZIP	Addition	Change	,	NAME STREET ADDRESS	Delete	D Garcia, Freddy 33 W 23 St	itle IAME ITREET ADDRESS	
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ITLE     ITLE     ITILE     Change       AME     NAME     NAME       TREET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP	Addition	Change		TITLE NAME STREET ADDRESS	Delete	LINALEAN TL. 330 10	ITLE IAME TREET ADDRESS	
	Addition	Change		TITLE NAME STREET ADDRESS	Delete		ITLE IAME TREET ADDRESS	
2. 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 in 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 oath; that I am an officer 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 changed, or on an attachment with an address, with all other like empowered.	r or director	as if made under oath, that I am an officer i	a the same legal effect.	my signature shall h t as required by Cha	true and accurate and that n wered to execute this report	on this report or supplemental report is to poration of the receiver or trustee empoye	2. ) hereby a indicated of the cor	