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2. Principal Pla 400 LESLIE DR		ess	3. Mailing Address						
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS S	SPACE	–
City & State		FL	City & State HALLANDALE BEACH		FL	4. FEI Number			pplied For
Zip	BEXON	Country	Zip	Coun		65-0976878 5. Certificate of Status Desired		\$8.75 Ad	
33009	6 Name a	us and Address of Curr	rent Registered Agent	US	 	7 Name and Address - ENL		Fee Require	ed
	o. Hallie	Andress Of Call	om registeren Agent		Name	7. Name and Address of Nev	r registered A	vgent	
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					City CORAL (GABLES	FL	Zip Cod 33134	ie
		NY TSIMOG r printed name of registered a		IOTE: Registered	d Agent signatur	e required when reinstating)	- 09/12	<u> 2001</u>	<u> </u>
9. This corpo	Signature, typed or ration is eligib equirement ar	r printed name of registered a	agent and title if applicable. (N	N!!! FEE 2001 Fee	IS \$150.0 will be \$5	0.00 10. Election Campaign	DATE Financing	, \$5.0	00 May Be
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09/12/2001 Date

Daytime Phone #

SIGNATURE: Ricardo J Metral SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR