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Principal Pla	ace of Business		Mailing Address			FARY OF S ASSEE, FLO				
5834 SW 80 ST South Miami Fl 33143			5834 SW 80 ST			4.4.				
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z. Principai	Place of Business	,	3. Mailing Address	:- <u></u>		۱۱ ۱۱۱۱۱۱۱۱۱۱۱۱۱ 		" : }		- -
Suite, Apr	#, etc.		Suite, Apt. #, etc.		16		DO NOT WRITE	E IN THIS SP	ACE	
City & Sta	nte		City & State			FEI Number	65-0977190	<u> </u>	L A	pplied For
Zip	C	ountry	Zip	Country		5. Certificate of Status Desired \$8.75 Additio			ot Applicable	
····	6 Name and	Address of Current F	leadered A and			Certificate of Si		- Fe	e Require	ditional ed
		Address of Carrell P	egistered Agent	Name	7. 1	Name and Add	iress of New Re	egistered Ag	ent	
CORREA 5834 SW	, JOSIANA E			Street	Address (P.O. I	Box Number is	Not Acceptable))		<u> </u>
	MIAMI FL 33143					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
```bd				City			· · · · · · · · · · · · · · · · · · ·	-	Zip Cod	e
			<del>,,</del>					FL		· · · · · · · · · · · · · · · · · · ·
8. The above	s named entity sub	mits this statement for	the purpose of changing its	registered office	or registered ag	jent, or both, in	the State of Flor	ida.		
SIGNATURE	Signature, lyped or print	ed name of registered agent an	d title if applicable. (NOTI	E: Registered Agent sign	alure required when n	einstating)		DATE		
9. This corp Tax filing (See crite	Signature, typed or print	ed name of registered agent an or satisfy its interrigible lects to do so.	of title if applicable. (NOTI FILE NOW! After May 1, 20! Make Check Payab	E: Registered Agent sign TT*FEE=15*\$+56 02 Fee will be \$ Ne to Departme	aluse required when re 0.00 550.00 nt of State	10. Election Trust Fu	Campaign Fina	DATE	Added	O May Be to Fees
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of the corporation or the receiver or trustee empowered to execute this report as required by unapter changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

5/1/02 305-978-2853 Date Deptime Phone #