DOCUN	MENT	70.00	0000	NESS REPO 014097		14U)	<del></del>		FILE 3, 2001 retary	08:0		
Principal Place				Mailing Address								-
MIAMI BEACH	I	FL		MIAMI BEACH 33140		FL						
2. Principal Pla		ess		3. Mailing Address 940 LINCOLN ROAD	<del></del>							
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THI	S SPACE	–
City & State		FL		City & State MIAMI BEACH		FL	<b>I</b>	FEI Number 5-099498	1		<del></del>	applied For lot Applicable
Zip 33139		Country	·	Zip 33139	Count	try			Status Desired	X	\$8.75 A	dditional
	6. Name	and Address of	Current R	egistered Agent			7.	Name and Ad	dress of New	Registere		<u></u>
IRAUZQUI 5327 N BAY	JOSE RD	P					·-·		Not Acceptat	ıle)		
MIAMI BEACH US				,		City			<del></del>	F	Zip Co	 de
						IVIIAIVII I	BEACH				33140	
SIGNATURE _	JOSE	r submits this sta	J <b>I</b>	the purpose of changing if		ed office or			n the State of F		3/2001	<u></u>
SIGNATURE	JOSE Signature, typed or ration is eligit equirement a	IRAUZQU	JI - stered agent ar	<u></u>	OTE: Registered	Agent signat.  IS \$150.1  Will be \$5	registered agure required when n	einstating)	n the State of F	01/2	\$5.	00 May Be
SIGNATURE	JOSE Signature, typed or ration is eligit equirement a	IRAUZQU or printed name of regis tole to satisfy its I and elects to do s	JI - stered agent an ntangible o.	of title if applicable. (NCF)  FILE NOW  After MAY 1, 2	OTE: Registered  /[!! FEE  001 Fee  able to De	Agent signat.  IS \$150.1  Will be \$5	registered agure required when no possible of State	instating)  10. Electio	on Campaign Fund Contribut	- 01/2 DATE	\$5.	ed to Fees
9. This corpor Tax filing re (See criteria	JOSE Signature, typed or ration is eligit equirement a	IRAUZQU or printed name of regis tole to satisfy its I and elects to do s	JI - stered agent an ntangible o.	of the if applicable. (NC FILE NOM After MAY 1, 2 Make Check Paye	OTE: Registered	Agent signat.  IS \$150.1  Will be \$5	registered agure required when no possible of State	10. Electic Trust i	on Campaign F Fund Contribut ANGES TO O	- 01/2 DATE	\$5.	ed to Fees
9. This corpor Tax filing re (See criterie  11.  TITLE NAME STREET ADDRESS	JOSE Signature, typed or ration is eligili equirement at a on back)	IRAUZQU or printed name of regis ble to satisfy its I nd elects to do s  OFFICE INELLY Y RD	JI stered agent ar ntangible o. X ERS AND E	of title if applicable. (NC FILE NOW After MAY 1, 2 Make Check Pays	/III FEE /II	Agent signat.  IS \$150.1  Will be \$5	registered ag  or required when n  or state  AE  MRS	10. Electic Trust i  DITIONS/CH  NELLY	on Campaign F Fund Contribut ANGES TO O	- 01/2 DATE	\$5.  Adda	RS IN 11
9. This corpor Tax filing re (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JOSE Signature, typed of ration is eligitequirement at a on back)  D IRAUZQUI 5327 N BA' MIAMI BE D IRAUZQUI	IRAUZQU or printed name of regis ble to satisfy its I nd elects to do s  OFFICE I NELLY Y RD ACH I MONICA	JI Istered agent and nangible o.  IX ERS AND E	FILE NOM After MAY 1, 2 Make Check Paye  Delete	OTE: Registered  III FEE  001 Fee  able to De  12.  TITLE  NAME  CITY-  TITLE  NAME  NAME	Agent signat.  IS \$150.1  WIII be \$5  partment	registered ag  00  50.00  AE  MRS  IRAUZQUI  4643 PRAII  MIAMI BE  MRS  IRAUZQUI	10. Election Trust in DITIONS/CH NELLA RIE AVE ACH MONIG	on Campaign F Fund Contribut ANGES TO O	O1/2 DATE	\$5.  Addo  ND DIRECTO	RS IN 11
SIGNATURE	JOSE Signature, typed of ration is eligited rational	IRAUZQU or printed name of regis ble to satisfy its I nd elects to do s  OFFICE I NELLY Y RD ACH I MONICA Y RD	JI Istered agent and nangible o.  IX ERS AND E	FILE NOW After MAY 1.2 Make Check Paye DIRECTORS Delete  FL 33140	OTE: Registered  III FEE  001 Fee  able to De  12.  TITLE  NAME  CITY-  TITLE  NAME  STREET	Agent signat.  IS \$150.1  WIII be \$5  partment	registered ag  00  50.00  c of State  AE  MRS  IRAUZQUI 4643 PRAII MIAMI BE.  MRS	10. Election Trust in DITIONS/CH NELLY RIE AVE ACH MONIG	on Campaign F Fund Contribut ANGES TO O	O1/2 DATE	\$5. Adda  ND DIRECTO Change	ed to Fees RS IN 11 Addition
9. This corpor Tax filing re (See criteria  11.  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP	JOSE Signature, typed of ration is eligible rational ration	IRAUZQU or printed name of regis to le to satisfy its I and elects to do s  OFFICE I NELLY Y RD ACH I MONICA Y RD ACH I JOSE	JI Istered agent and nangible o.  IX ERS AND E	After MAY 1.2  Make Check Paye  Delete  FL 33140  Delete	OTE: Registered  /[II] FEE	Agent signat.  IS \$150.I  WIII be \$5  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	registered ag  30  50.00  t of State  AL  MRS  IRAUZQUI  4643 PRAII  MIAMI BE.  MRS  IRAUZQUI  4643 PRAII  MIAMI BE.  MIAMI BE.  MR	10. Electic Trust i  DITIONS/CH  NELLY RIE AVE ACH  MONIG	on Campaign F Fund Contribut ANGES TO O	O1/2 DATE	\$5. Addo  ND DIRECTO  Change  33140  Change	ed to Fees RS IN 11 Addition
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 $\mathbf{Mr}$ 

01/23/2001 Date

Daytime Phone #

SIGNATURE: Jose P. Irauzqui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR