


DOCUMENT # P00000038647

FILED
May 15, 2001 8:00 am
Secretary of State

655116

[illegible]

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6114 N.W. 74TH AVENUE MIAMI FL 33166		Mailing Address 6114 N.W. 74TH AVENUE MIAMI FL 33166		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">655116</div>  <div style="text-align: center; margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div>	
2. Principal Place of Business 14453 SW 115th street		3. Mailing Address 14453 SW 115th street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL 33186		City & State Miami FL		4. FEI Number 65-1021812	
Zip 33186	Country Miami Dade	Zip 33186	Country Miami Dade	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZAMBRANO, JULIO M 6114 N.W. 74TH AVENUE MIAMI FL 33166				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMBRANO, JULIO M 6114 N.W. 74TH AVENUE MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 information 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/00)