	UMENT # POOC	000053087		
1. Entity N	Name ER CORP			FILED
•				OI OCT 29 PM 4: 53
Principal P	Place of Business 106 TERR.	Mailing Address		SECRETARY OF STATE TALLAHASSEE FLORIDA
MIAM! FL-3	331 <del>90</del>	MIAMI FL 33196		
2. Principa	al Place of Business	3. Mailing Address		
	S.W. 88TH ST.	7754 S.W. 8	STH ST.	( )
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.		9/18/01 40001 11/35 1500
City & St MIAMI		City & State MIAMI, FL.		4. FEI Number   Applied For   Not Applied by   Not Applied by
Zip 33156	Country MIAMI-DADE	Zip 33156	Country MIAMI-DADE	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
MARKOVIC, VESNA <del>16118 SW 108 TER</del> R.			Street Ad 7754	dress (P.O. Box Number is Not Acceptable)
-MIAMI FI	L <del>-33196</del>		,	
			City	IAMI <b>FL</b> Zip Code 33156
IGNATURE			· · · · · · · · · · · · · · · · · · ·	
. This corp	Signature, typed or printed name of registered age poration is eligible to satisfy its intangib requirement and elects to do so.	le CERLENOW	E. Registered Agent signature	
Tax filing	Signature, typed or printed name of registered age poration is eligible to satisfy its Intangib	le FILE NOW After September 1 Make Check Payal	!!{FEE IS \$550.00	10. Election Campaign Financing \$5.00 May Be 755000. Trust Fund Contribution.
This corp Tax filing (See crite	Signature, typed or printed name of registered age coration is eligible to satisfy its intangibly requirement and elects to do so. eria on back)  OFFICERS AND	le FILE NOW After September 1 Make Check Payal	III FEE IS \$550.00 2001 Fee will be le to Department of 12.	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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· CITY-ST-ZIP 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:

PRESIDENT

9/11/01 305–271–8998

CITY-ST-ZIP