DOCU  1. Entity Nan  TEKNIAR	ne	0009575		•			etary (	of Sta	ate	L
•	e of Business	Mailing Address1900_SUNSET_HARBOR#2002								
MIAMI BEACH	<del>-</del>	MIAMI BEACH FL 33139								:
2. Principal F	Place of Business	3. Mailing Address								
	SCAYNE BLUD	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	MIAMI	City & State			4.	FEI Number		-	oplied For ot Applicable	
<sup>Zip</sup> 33 <sup>2</sup>	132 Country USA	Zip	Cour	itry	5.	Certificate of Status Desire		\$8.75 Ado Fee Require		
	6. Name and Address of Current	Registered Agent		Nome	7.	Name and Address of No	w Registered A	gent		}
LODEZ II	EAN MADO			Name			tu DiA			
LOPEZ, JEAN-MARC 1900 SUNSET HARBOR, #2002				Street A	eet Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33139										
<u>, 1</u>	· · · · · · · · · · · · · · · · · · ·			City	MiA	<u> </u>	FL	Zip Code	132	
SIGNATURE .	named entity submits this statement for the statement for the statement of		OBLE	100 C	registered a	A (MANAG		RECTO	or)	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			- 10. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution.				
11.	OFFICERS AND		12.			DDITIONS/CHANGES TO		DIRECTORS	S IN 11	1,
TITLE NAME	D Braun, Cyril <sup>**</sup>	Delete	TITLI NAM			Sing-birect		Change	Addition	3
STREET ADDRESS 1751 RT DES CONDAMINES 06670 ST MARTIN DU VARFRANCE			STRE	ET ADDRESS -ST-ZIP	CLAUD 90 B' NIAM	ISCAYNG BLU	<i>b</i>			100
TITLE	,,	☐ Delete	TITLE	:	-11174-10-1	(1 - 10- 221	<u> </u>	☐ Change	Addition	18
NAME STREET ADDRESS			NAM	E Et address					_	
CITY-ST-ZIP	107			-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	••-	<del>-</del>	CITY	-ST-ZIP						
ritle Name	•	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS			NAMI STRE	ET ADDRESS						ĺ
CITY-ST-ZIP				-ST-ZIP						)
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS				,		İ
CITY-ST-ZIP				ST-ZIP		,		٠.	.`	i
TITLE.	A CONTRACTOR OF THE CONTRACTOR	_ Delete _	TITLE	• /	-	<u> </u>		Change	Addition	-
NAME STREET ADDRESS	<b>3</b> -	1	NAME	ET ADDRESS						ĺ
CITY-ST-ZIP				ST-ZIP						
3. I hereby c	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	r the exer	nption state	ed in Section	119.07(3)(i), Florida Statut	es. I further certi	fy that the in	formation	

of the corporation or the receiver or trustee employees the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employeered 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.