FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # P01000012265 1. Entity Name Roberts Many Company				05-14-2002 90362 011 ***150.00	
Kenar	Max Group, Inc.				
	DO NOT WRITE	IN THIS SI	PACE		
6447	Place of Business Miami Lakes Dr E	4 Manng Angress 6447 Miami	Lakes Dr E		
Suite, Ap 211	· ·	Suite, Apt. #, etc. 211		DO NOT WRITE IN THIS S	PACE
	ate Lakes,⊋FL	City & State Miàmi Lake:	s, FL	4. FEi Number 65-1075421	Applied For
Zip 33014	Country USA	Zip 33014	Country USA	5. Certificate of Status Desired	Not Applicable 8.75 Additional
		, placing and a competition		7. Name and Address of Current Registered	ee Required Agent
	DO NOT WE	20214 1529 CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Pilar I	P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
	- IN THIS SP	ACE######	6447 Mi Suite 2	CO Box Number is Not Acceptable) Lami Lakes Drive Eas	t ·
			City		Zip Code
8. The above	e named entity submits this statement for t	he purpose of changing its r	Miami I registered office or registere	ad Kes FL ad agent, or both, in the State of Florida.	33014
SIGNATURE					
9. This corp	oration is eligible to satisfy its Intangible	January 1 - Ma	Registered Agent signature required vivy 1 Fee is \$150.00	3.6	
Tax filing (See crite	requirement and elects to do so.	Amended Make Check Payable	Fee is \$550.00 UBR is \$61.25 to Department of State	Truck France Commercial Commercia	\$5.00 May Be Added to Fees
TITLE	OFFICERS AND DI	RECTORS	ime u spall ing	oder verste mentelle er skiederkendt. Dan kriederhen zweich De Michele auf der Komponier verste der den der	
NAME STREET ADDRESS	Pilar Bassi		NAME		1200
CITY-ST-ZIP	6447 Miami Lakes Miami Lakes, FL	Drive East	STREET ADDRESS CITY ST. ZIP		Part India
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		7
TITLE NAME			mr.e	<u>- Tanan ay kerit an at an </u>	
STREET ADDRESS	_	» –	NAME STREET ADDRESS REF		
CITY-ST-ZIP TITLE			City-st-Zip)	DO NOT WRIT	traso presidenti dell'idati di producti
NAME		,	ITTLE NAME	IN THIS SPAC	E
STREET ADDRESS CITY-ST-ZIP	•		STREET ADORESS		
TITLE NAME			TITLE TO BE THE REAL PROPERTY.	en e	Afficial Salcine (#Balay) Angrid Sala (#SiCochie
STREET ADDRESS	•		NAME STREET ADDRESS		
UTY-ST-ZIP			CITY-ST-ZIP		
TILE IAME			THLE NAME		######################################
TREET ADDRESS			STREET ADDRESS		
3. Thereby co	ertify that the information supplied with this	filing does not qualify for the	CITY ST ZP	on 119.07(3)(i), Florida Statutes, I further certify the legal effect as if made under cutting	
of the corp	on this report or supplemental report is true poration or the receiver or trustee empowe t with an address with all trustees.	and accurate and that my s red to execute this report as	signature shall have the san s required by Chapter 607	on 119.07(3)(i), Fiorida Statutes, I further certify the legal effect as if made under oath; that I am a Florida Statutes; and that my name appears in	that the information in officer or director
- CONTROLL	than an address, with air other like empow	vered.	. 3 - 2 prod 507	outdies, and that my harne appears in	DIOCKITOFON an

Pilar Bassi

04/26/02

(305)231-0626