Control of Burnes     Maing Address     Maing Address     Maing Address     Moder L AguNA     CORP     Moder L Raduka     Moder Raduka     Moder Raduka     Moder Raduka     Moder	2002	2 UNIFORM BUSI	4	<b>FILED</b> May 27, 2002 8:00 am							
	1. Entity Nam	9	0034760		/				•		
Suff Edg       Suff Edg         CORAL GABLES R. 2014       SUFF Edg         CORAL GABLES R. 2014       SUFF Edg         Suff Edg       Suff Edg         City & Suff       Country         Suff Edg       Country         R. Hann and Addres of Courtery       Suff Edg         Suff Edg       S	-		•		<u> </u>						
2. Mining Address 3. Mailing Ad	SUITE 603		SUITE 603								
City & Situe       City & Source       In the Hydroge       Applied For         Zip       Country       2p       Country       3. Catilication of Status Decision       \$8,75 Application         Zip       Country       2p       Country       3. Catilication of Status Decision       \$8,75 Application         A. Name and Address of Ourment Registeried Agent       Intermediation       Intermediation       Status Address of New Registered Agent         ALBORNOZ, WILLIAM H ESO.       Status Address of New Registered Agent       Intermediation       Intermediation         A. The above number and Address of New Registered Agent       Intermediation       Intermediation       FEL       Zip Code         A. The above number and entry submits the statement for the purpose of changing its registered office or registored agent, or both, in the State of Folds.       State Address of New Registered Agent         BCMATURE       The above number and decists to so.       Mark Mer 1, 202 Per will be State.       Data       Address of New Registered Agent         1. The adove number and decists to so.       Control       Mark Mer 1, 202 Per will be State.       Data       Address of New Registered Agent         3. The adove number and decists to so.       Control       State Address of New Registered Agent       Data         3. Control       OPHCEES AND DIRECIDES NEW       Datagent Address of New Registered Agent	2. Principal P	Place of Business	3. Mailing Address	, Mailing Address			<b>\$  UU </b>    <b>U</b>    EE  <b>U</b>    <b>!</b>	II BUULI BUULI BU	INK ISTOC ULALI INAL	K BANA DAN IDAN	
Zip       Country       Zip       Country       Start Application       Mail Application         Zip       Country       Start Application       Start Application       Start Application       Start Application         ALDORNOC, WILLAW H ESO.       Sol PONCE DE LEON BLVD.       Street Address of New Registered Append       Imma         ALDORNOC, WILLAW H ESO.       Street Address of New Registered Append       Imma       Imma         ALDORNOC, WILLAW H ESO.       Street Address (P.O. Ber Number Is Not Acceptable)       Street Address (P.O. Ber Number Is Not Acceptable)         SUTE 603       COPAL GABLES FL 33134       City       FL 2p Code         A. The above named entry subvits the statement for the purpose of changing its registered office or registered entropy       Dmt         Street Address (P.O. Ber Number Is Not Acceptable)       Imma       Entropy         Street Address (P.O. Ber Number Is Not Acceptable)       Imma       Entropy         Street Address (P.O. Ber Number Is Not Acceptable)       Imma       Entropy         Street Address (P.O. Ber Number Is Not Acceptable)       Imma       Imma         Street Address (P.O. Ber Number Is Street Address (P.O. Ber Number Is Nu	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Zip       Country       70       Country       S. Conflictuto of Status Desired       \$8.75 Austrational For Regulational For Regulati	City & State City & State					4. FI	Number 1101	$\mathcal{D}$			7
B. Name and Address of Kurrent Registered Agent     ALBORNOZ, WILLAM H ESQ.     Super Address (PD. Box Number is Not Acceptable)     ALBORNOZ, WILLAM H ESQ.     Super Address (PD. Box Number is Not Acceptable)     Conv FL     Super Address (PD. Box Number is Not Acceptable)     Conv FL     Zp Code	Zip	Country	Zip	Country		5. C	ertificate of Status Desire	d D	\$8.75 Ad	Iditional	
ALBORNOZ, WILLAM H ESQ.       Street Address (P.O. Box Number is Not Acceptable)         SUITE 603       COPAL GABLES FL 33134       City       FL       Zip Code         8. The above named entity submits this statement for the nurpose of changing its registered office or registored agent, or both, in the State of Ponda.       SCIANTURE       ONTE         9. This corporation is eligible to satisfy its intanglible       Atter May 1, 2022 For will be 3530.00       Int.       Int.         18. This corporation is eligible to satisfy its intanglible       Atter May 1, 2022 For will be 3530.00       Int.       Int.       St.000 May 9e         18. This corporation is eligible to satisfy its intanglible       Atter May 1, 2022 For will be 3530.00       Int.       Int. <td></td> <td>6. Name and Address of Current R</td> <td>egistered Agent</td> <td>1</td> <td></td> <td>7. N</td> <td>ame and Address of Ne</td> <td>w Registere</td> <td></td> <td></td> <td></td>		6. Name and Address of Current R	egistered Agent	1		7. N	ame and Address of Ne	w Registere			
City       FL       Zp Code         6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds.       State data of the purpose of changing its registered agent, or both, in the State of Ponds.         SIGNATURE	901 PONCE DE LEON BLVD.										
SIGNATURE				Cit	ty						
9. This corporation is eligible to satisfy its intangible Tax fing requirement and elects to do so. (see criteria on back)       FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Tax Fund Contribution.       \$5.00 May Be Added to Foes         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	SIGNATURE										
Image Number       Defeter       Image Number       Defeter       Image Number       Defeter       Image Number       Defeter       Number       Number<	9. This corpo Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.	111 FEE IS \$ 002 Fee will i	150.00 be \$550.00		10. Election Campaigr					
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Internation 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 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 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 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 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:       SIGNATURED       All OC       Cattor All All All All All All All All All Al	TITLE NAME STREET ADDRESS CITY-ST-7/P		Delete	NAME STREET ADD	1.				🔲 Changs	Addition	
ITTLE       Delete       ITTLE       Change       Addition         WAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       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 ecciver 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:       SIGNATURED       All IOC       CDS-2444-1741	TITLE NAME STREET ADDRESS		Delete	TITLE NAME				<b></b>	Change	Addition	
STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP  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. Forida 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:	city-st-zip title Name		Delete	TITLE	>			· · · · · · · · · · · · · · · · · · ·	🗋 Change	Addition	
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:	STREET ADDRESS CITY-ST-ZIP	artify that the information supplied with the	is filing date not qualify for	CITY-ST-ZIP	<b>•</b> .	tion 11	9.07(3)(i) Florida Statute	s I further or	artify that the in	tomation	
	of the corr changed,	poration or the receiver or trustee empow or on an attachment with an address, with man man attachment with an address, with	ered to execute this report	as required by	hall have the si y Chapter 607,	ame leg Florida	all effect as if made und Statutes; and that my no	er oath; that i ame appears	am an officer in Block 11 or	or director Block 12 if	-
	SIGNAT				~	1111	UK LE		Daytime Phone #		