MICM GROUP HOLDINGS LIMITED, INC.	DOCU 1. Entity Narr		<b>S REPOR</b>	ATION T (UBR)	FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90198 026 ***150.00	
109 2 SART BROWARD BLVD FT LAUDERDALE FL 3301       FT LAUDERDALE FL 3301       JULI UT 6 J         2. Trincipal Place of Statines       3. Maling Address       Check Hene # MARINA CHAACES         Sule. Apt. #, etc.       Sinte, Apt. #, etc.       Sinte, Apt. #, etc.       Check Hene # MARINA CHAACES         Zip       Country       7/P       Country       S. Centification of Statis Desired       SR 75, Additional         Zip       Country       7/P       Country       S. Centification of Statis Desired       SR 75, Additional         Zip       Country       7/P       Country       S. Centification of Statis Desired       SR 75, Additional         Zip       Country       7/P       Country       S. Centification of Statis Desired       SR 75, Additional         Zip       Country       7/P       Country       Statis Desired       SR 75, Additional         Cip Schward T, Sobo Country       Total Address of Country in the Statis Desired Agent       Normal Address of Normal Registered Agent       Normal Registered Agent         Hor abbiggions of registered agent       Total Address (PD, Box Number is Not Acceptable)       Total Address (PD, Box Number is Not Acceptable)       Dip Code         March Check Payable to Florida Department of the purpose of charging its registered agent or number with weather on the statis of the floridagen address       Normal Address (PD, Box Number is Not A	MDM GR	OUP HOLDINGS LIMITED, INC.			<u>Ø</u>	
Suite. Apr. 4, etc.       Suite. Apr. 4, etc. <ul> <li>Chy &amp; State</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Control</li> <li>Country</li> <li>Control</li> <li>Country</li>             &lt;</ul>	1012 EAST BROWARD BLVD 1012 EAST B		12 EAST BROWARD B			
City & State City	2. Principal P	Place of Business 3. 1	Mailing Address			
Zip         Country         Zip         Country         S2:2306257         Not Accessable           Zip         Country         5. Carificate of Status Desired         \$8.75         Acditional           KOTLER, MICHAEL I ESO         C/O SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLE         Name         Name         Street Address (PO. Box Number is Not Acceptable)         Street Address (PO. Box Number is Not Acceptable)         City         FL         Zip Code           A The above named antity submits his statement for the purpose of changing its registered agent.         (City         FL         Zip Code           A The above named antity submits his statement for the purpose of changing its registered agent.         (Ditte to edisplations)         (Ditte to edisplations)         Dott           SIGNATURE	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Zip       Country       Zip       Country       5. Certificate of Status Desired       In Phythologia         KOTLER, MICHAEL I ESO C/O SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLE 54 SW BOCA RATION BLVD BOCA RATION BLVD BOCA RATION BLVD BOCA RATION BLVD BOCA RATION BLVD BOCA RATION SLVD       Name       Name         BOCA RATION SLVD BOCA R	City & Stat	e C	City & State		52-23(16257	
KOTLER, MICHAEL I ESO     KOTLER, ZAKARIN & KOTLE     SI Steel Address (P.O. Box Number is Noi Acceptable)     Kotter Address     Kotter Add	Zip	Country Z	ζίρ	Country	5. Certificate of Status Desired \$8.75 Additional	
KOTLER, MICHAEL I ESO C/D SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLE S4 SW BOCA RATON BLVD BOCA RATON FL 33432       Street Address (P.O. Box Number is Not Acceptable)         CIby       FL       Zip Code         The above named ontity submits this statement for the purpose of changing its rogistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       Chy       FL       Zip Code         INNUMPLY       Encode of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       ONTE       The stove named antiby submits this statement for the purpose of changing its rogistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       ONTE       The stove named antibusy by The state of predistored agent.       Intermilar with, and accept the obligations of registered agent.         IGNATURE       Exerce Ageable to Florida. Department of State       Intermilar with a state of Florida. I am familiar with, and accept the obligations of registered agent.       Intermilar with and accept Trust Fund Contribution.       State of Contribution.       State of Contribution.         IGNATURE       OPT       OFFICERS AND DIPECTORS       11.       Add/office       Add/office         Visitaria       OPT       OFFICERS AND DIPECTORS       11.       Add/office       Add/office         Visitaria       OPT       OFFICERS AND DIPECTORS       Intrue       Orm		6Name and Address of Current Regist	ered Agent		,	
City       FL       Zip Code         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         Inter boligations of registered agent.         Inter boligations of registered agent.         Inter boligations of registered agent and the agentate means water dwein recensory         DATE         Inter boligations of registered agent and the agentate means water dwein recensory         DATE         Inter boligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         Inter boligations of registered agent.         Inter boligations of registered agent.         Inter boligations of registered agent on both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         Inter boligations of registered agent. <td co<="" td=""><td colspan="3">C/O SCHWARTZ, GOLD, COHEN, ZAKARIN &amp; KOTLE</td><td></td><td>s (P.O. Box Number is Not Acceptable)</td></td>	<td colspan="3">C/O SCHWARTZ, GOLD, COHEN, ZAKARIN &amp; KOTLE</td> <td></td> <td>s (P.O. Box Number is Not Acceptable)</td>	C/O SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLE				s (P.O. Box Number is Not Acceptable)
				City	FL Zip Code	
ILE       DPST       IDENTIFY	After lake Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State		1.4	Trust Fund Contribution. Added to Fees	
AME     INAME       ITREET ADDRESS     -STREET ADDRESS       ITV-ST-ZIP     CITY-ST-ZIP       ITLE     Delete       ITREET ADDRESS     STREET ADDRESS       ITTLE     NAME       IREET ADDRESS     STREET ADDRESS       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     Change       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     NAME       ITTLE     Change       ITTLE     NAME       ITTLE     NAME   <	tle Ame Treet address	DPST MARKOFF, MICKEY 1012 EAST BROWARD BLVD		TITLE NAME Street address	Change 🛄 Addition	
ITY-ST-ZIP     ITTY-ST-ZIP       ITLE     ITTLE       IREET ADDRESS	AME		Delete	NAME	Change Addition	
LE       Delete       TTLE       Change       Addition         ME- REET ADDRESS       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         LE       Delete       TTLE       Addition         ME       Delete       TTLE       Addition         ME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         LE       Delete       TTLE       Addition       Addition         ME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Addition         LE       Delete       TTLE       Addition       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Addition         LE       Delete       TTLE       Addition       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Addition         LE       Delete       TTLE       Change       Addition         ME       NAME       STREET ADDRESS       Change       Addition         RET ADDRESS       STREET ADDRESS       STREET ADDRESS       Change       Addition	'LE ME REET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Change Addition	
ME Change Change Addition REET ADDRESS Y-ST-ZIP LE Delete Delete TITLE Change Addition ME REET ADDRESS STREET ADDRESS STREET ADDRESS	ME- Reet address		Delete	NAME STREET ADDRESS	Change Addition	
ME NAME REET ADDRESS STREET ADDRESS	ME REET ADDRESS		Delete	NAME STREET ADDRESS	Change Addition	
2. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ME REET ADDRESS IY - ST- ZIP			NAME STREET ADDRESS CITY-ST-ZIP		