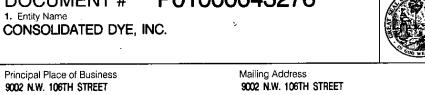
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000043276 **DOCUMENT #**



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90485 011 ***150.00

Principal Place of Business 9002 N.W. 106TH STREET MEDLEY FL 33178		Mailing Address 9002 N.W. 106TH STREET MEDLEY FL 33178		
2. Principal P	lace of Business	3. Mailing Address		t laditate in Salat ildit esth saut ann ann ann ann men issu ann
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-1102166 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
11460/ 141	WEO FOO	-	Name	
MARX, JAMES ESQ.			Street Ac	Address (P.O. Box Number is Not Acceptable)
	TH BISCAYNE BOULEVARD	TCD.		
	70, FIRST UNION FINANCIAL CEN	HER		
Miami Fl	33131		City	FL Zip Code
	tions of registered agent.	or the purpose of changing its	s registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGIVATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatu	ature required when reinstating) DATE
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department c			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOLF, RICHARD B 625 BILTMORE WAY #901 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POPLIN, MARK 17435 NW 85TH AVENUE MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ALVAREZ, LINO 9002 NW 106TH STREET MEDLEY FL 33178	- □ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
indicated of the cor	l on this report or supplemental report i	s true and accurate and that i owered to execute this report	my signature shall ha t as required by Chai	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-02 305-836-1300

Daytime Phone #