SIGNATURE:

DO NOT WRITE IN THIS SPACE  City MIA  The above named entity submits this statement for the purpose of changing its registered office or register	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent  BERTO LEY  (PO. Box Number is Not Acceptable)  W. Flaglar ST   Tip Geoglar Y
Principal Place of Business GB90 W Flagle ST Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  DO NOT WRITE IN THIS SPACE  Street Address GB90  City Mame AU  Street Address GB90  City Mine  City Mi	O2 HAR - 1 PH 2: 51  SECRETARY OF STATE TALLAHASSEE. FLORID:  DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent  BERTO Ley  (P.O. Box Number is Not Acceptable)  The Good Communication of Current Registered Agent  BERTO Ley  (P.O. Box Number is Not Acceptable)
DO NOT WRITE IN THIS SPACE  Principal Place of Business 6890 W Flagle 51 Suite, Apt. #, etc.  City & State  City & State  City & State  DO NOT WRITE IN THIS SPACE  Street Address 6890 City Manuary Country C	SECRETARY OF STATE TALLAHASSEE. FLORID: TALLAHASSEE. FLORID:  DO NOT WRITE IN THIS SPACE  4. FEI Number  Not Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of Current Registered Agent  BERTO Ley  (PO. Box Number is Not Acceptable)  PL Zip God U >
Principal Place of Business 6890 W Floque ST 6890 W. Flaglor S  Suite, Apt. #, etc.  City & State  City & State  City & State  Country SA 3144  DO NOT WRITE IN THIS SPACE  City Mine  Character of the purpose of changing its registered office or register	DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  5. Certificate of Status Desired  Fee Required  7. Name and Address of Current Registered Agent  BERTOLEY  (PO. Box Number is Not Acceptable)  FL Zip Gode  MMM  FL Zip Gode  MMM  FL Zip Gode  MMM  FL Zip Gode  MMMM  FL Zip Gode  MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Sip 33/44  Country  Name Au  Street Address  Street Address  City Mile  The above named entity submits this statement for the purpose of changing its registered office or register	DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  5. Certificate of Status Desired  Fee Required  7. Name and Address of Current Registered Agent  BERTOLEY  (PO. Box Number is Not Acceptable)  FL Zip Gode  MMM  FL Zip Gode  MMM  FL Zip Gode  MMM  FL Zip Gode  MMMM  FL Zip Gode  MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
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Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Sale  Country  Sale  Country  Sale  Country  Sale  Country  Street Address  Street Address  City  City  Street Address  City  City  City  Street Address  City	4. FEI Number  Applied For Not Applicable  5. Certificate of Status Desired  7. Name and Address of Current Registered Agent  BERTO LEY  (P.O. Box Number is Not Acceptable)  FL Zig Gode U Y   MAPPlied For Not Applicable
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DO NOT WRITE IN THIS SPACE  City MIA  Charlings  Charli	7. Name and Address of Current Registered Agent  BERTO LEY  (P.O. Box Number is Not Acceptable)  W. Flouglat ST   BL Zip Godg U.Y
DO NOT WRITE IN THIS SPACE  City MIA  The above named entity submits this statement for the purpose of changing its registered office or register.	BERTO Ley  (P.O. Box Number is Not Acceptable)  W. Flagled ST  Buy  FL Zip Gadg U.Y
DO NOT WRITE IN THIS SPACE  City MIA  The above named entity-submits this statement for the purpose of changing its registered office or register.	(P.O. Box Number is Not Acceptable)  W. Flo. glod. ST  FL Zip Godg U Y
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The above named entity submits this statement for the purpose of changing its registered office or register	
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GNATURE	
Signature, bacd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required	d when reinstating) DATE
This connection is eligible to satisfy its Intensible January 1 - May 1. Fee is \$150.00	
Tax filing requirement and elects to do so.  Amended UBR is \$61.25	Trust Fund Contribution
(See criteria on back)  Make Check Payable to Department of Sta  OFFICERS AND DIRECTORS	ité 81
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NAME NAME	
FEET ADDRESS 6890 W. Flagler ST STREET ADDRESS CITY-ST-ZIP MIAMI, F/ 33/X4 CITY-ST-ZIP	700050736175 -03/08/0201065009
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IY-ST-ZIP  3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in St indicated on this report or supplemental report is the and accurate and that my signature shall have the of the corporation or the receiver or trustee employees to execute this report as required by Chapter 6 attachment with an address, with all other like employees.	

Daytime Phone #