UNIFORM BUSIN	CORPORATI	ON Cuirdy a	1) Amount	-
DOCUMENT# Polo			C FILED TO	
1. Entity Name A 2 TRC			02 DEC -9 AM 8:47	
2878 MILSTEAD ST			) An 0:4/	
ORLANDO, FL 32837		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE		Sales Agents	IALLAMASSEE FLORIDA	
2. Principal Place of Business 2878 MTLSTRAD ST 2878 MTLSTRAD ST		FICTION G		
Suite, Apt. #, etc. Suite, Apt. #, etc.		+CS/ENUSV	DO NOT WRITE IN THIS SPACE	
City & State ORLAWDO FL	City & State  ORLAWD	o FL	4. FEI Number 59-3739342	Applied For
7 Zip Country 3 2 8 3 7	Zip 32837	Country		\$8.75 Additional Fee Required
			7. Name and Address of Current Registered	
DO NOT W	DITE	Name SA	NTIAGO SERW	
		Street Address (F	P.O. Box Number is Not Acceptable)  WTISTERD ST	-
IN THIS SE	AUE	5.00 (4)		
State of the state		City OR L	ANDO FL	Zip Code 32837
8. The above named entity submits this statement to	the purpose of changing its	registered office or registere	ed agent, or both, in the State of Florida.	, 2283
SIGNATURE Sphature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature required v	when reinstating) DATE	5/02
9. This corporation is eligible to satisfy its Intangible	January 1 - M	ay 1. Fee is \$150.00		•
Tax filing requirement and elects to do so. (See criteria on back)	Amended	1, Fee Is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	le to Department of State		A SHE SHELL A
NAME SANTIAGO SE	NNB	TITLE NAME	The second of th	3.
STREET ADDRESS 2878 M-7L57 EV		STREET ADDRESS		
TITLE AND M. SE		CITY-ST-ZIP	A CONTRACTOR OF THE PARTY OF TH	
NAME STREET ADDRESS 2878 ON FLS TR	AD ST B.D.	NAME IN THE PROPERTY OF THE PR	20000942415	
CITY-SI-ZIP ORLANDO, FL	32837	STREET ADDRESS CITY-ST-ZIP	12/09/02 01112 006 **	1/50.400 3
TITLE		STITLE - THE STATE OF THE STATE		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	DO NOTWO!	
TITLE		CITY-ST-ZIP	DO NOT WRIT	eranger with
NAME Street address		NAME	IN THIS SPAC	
CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP:		
TITLE		TITLE CONTROL OF THE PARTY OF T		* Varia
STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		All the same
NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
13. Thereby certify that the information supplied with trindicated on this report or supplemental countries.	his filing does not qualify for th		on 119,07(3)(i), Florida Statutes. I further certific	V that the information
13. I hereby certify that the information supplied with t indicated on this report or supplemental report is t of the corporation or the receiver or trustee empo attachment with an address, with all other like emp	rue and accurate and that my wered to execute this report a cowered.	signature shall have the san as required by Chapter 607.	ne lega effect as if made under oath; that I am Florida Statutes; and that my name appears in	an officer or director Block 11 or on an
SIGNATURE: SAWTIAGO	SERNA PRE	35 × WW (1	1 12/1/02 321	-9473761
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	7	me Phone #

AZTEC WORKS INC 2878 MILSTEAD ST ORLANDO FL 32837

PLEASE WAIVE THE PENALTY FOR FILING MY REPORT LATE. I WAS NEVER BILL BY THE DEPARTMENT OF STATE. I AM ENCLOSING A CHECK FOR 150 DOLLARS.

SANTIAGO SERNA