2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCU 1. Entity Nam ONLY IN	ne _		0061849				Secreta 1 04-17-2002 90	-		i,
Principal Plac 14250 SW 136 MIAMI FL 3311	ITH STREET L		Mailing Address 14250 SW 136TH STREET UNIT 2 MIAMI FL 33186				101)
2. Principal P	lace of Busin	ess	3. Mailing Address							l
Suite, Apt. #, etc.			Suite, Apt. #. etc.			-	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	4. FEI Number 65-1135488 Applied For Not Applicable			
Zip		Country	Zip			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	<u> </u>	N .	7.	Name and Address of New Registers	ed Agent	·	4
KANZIGER, ROBERT A ESQ					Street Addre	ess (P.O. I	Box Number is Not Acceptable)			
· -	RAN CENTE		_	•						4
ľ		AND BLVD STE 1705								
MIAMI FL	33156				City		F	Zip Coo	te	
8. The above	named entity	submits this statement lo	r the purpose of changing its	s register	ed office or reg	stered ag	gent, or both, in the State of Florida.	!		
SIGNATURE:	Signature, typed	or printed name of registered agent (and title if applicable. (NOT	E: Registere	d Agent signature re	quired when r	einstating) DAT	E		
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		10. Election Campaign Financing			1
	requirement a	ind elects to do so.	After May 1, 20 Make Check Payai				Trust Fund Contribution.		O May Be d to Fees	
11.	- DECK)	OFFICERS AND		12.	eparament of		DDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	S IN 11	┥
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 appropriate the empowered.

SIGNATURE:

HE AND TYPED OR PRINTED MAME OF SIGNING OFFIGER OR DIRECTOR

HANVEL ROCAFORT 4/4/02 305 257 77

Deytime Phone #