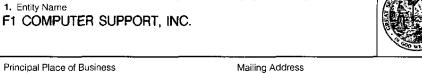
FILED Apr 14, 2003 8:00 am Secretary of State

Applied For Not Applicable

04-14-2003 90047 036 ***150.00

P01000092150 DOCUMENT #



Principal Place of Business 15307 S.W. 52 TR. MIAMI FL 33185 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 15307 S.W. 52 TR. MIAMI FL 33185 3. Mailing Address Suite, Apt. #, etc. City & State					
							☐ CHECK HERE IF MAKING CHANGES
				4. FEI Number 65-1077443 Applied For Not Applicab			
				Zip	Country	Zip	Country
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent			
SCIPIONI, FEDERICO G 15307 S.W. 52 TR. MIAMI FL 33185			Street Addre	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
	tions of registered agent.		ts registered office or reg	istered agent, or both, in the State of Florida. I am fa	amiliar with, and accept		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCIPIONI, FEDERICO G 15307 S.W. 52 TR. MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
	1						

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D SCIPIONI, FEDERICO G 15307 S.W. 52 TR. MIAMI FL 33185	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D ₄	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Di	elete 😤	TITLE - = NAME STREET ADDRESS CITY-ST-ZIP	- ☐·Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D _i	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



786 556 6600