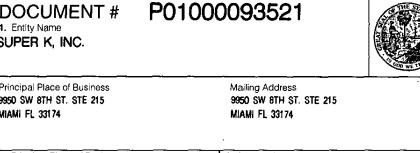
FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90141 020 ***150.00



}				CO. 1	TE THE					
Principal Place of Business 9950 SW 8TH ST. STE 215 MIAMI FL 33174			Mailing Address 9950 SW 8TH ST. STE 215 MIAMI FL 33174							
			,							
2. Principal F	Place of Busin		3. Mailing Address 4404 Se	Mailing Address See 74 ask		T TERRIFORE HIS BRIDE HIS BRIDE HENDER	11 88 111 89 11 0 18186 11		4804 HOR HORE .	
Suite, Apt,			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	ie.	Fl	City & State.	, FR		4. FEI Number 65-1140957			oplied For ot Applicable	
Zip 33/	155	Country	Zip 33155	Countro	k	5. Certificate of Status Desired		75 Add Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
				Name						
CAMEJO, LUIS -					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33126							-			
{				City			FL Z	ip Cod	3	
	named entity tions of regist		r the purpose of changing its	registered office o	r register	ed agent, or both, in the State of Flo	orida. I am familia	ar with,	and accept	
SIGNATURE		or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signat	ture required	when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					_	Election Campaign Fir Trust Fund Contributio		\$5.0 Added	0 May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTOR	3 IN 11	
TITLE NAME	PD IRIARTE, M 9950 SW 8 MIAMI:FL 3	IANRIQUE 1TH ST. STE 215	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			···	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOHOZA, 9171 SW 1 MIAMI FL 3	142 CT	☐ 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	
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TITLE			☐ Delete	TITLE				Change	Addition	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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 of 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:

CR2E034 (10/02)