## FOR PROFIT CORPORATION UNIFORM RUSINESS DEDOOT /URD

## FILED May 13, 2002 8:00 am

DOCUMENT OF THE PORT (UBN)				Secretary of State
DOCUMENT # PO1000   1 3088				05-13-2002 90101 035 ***150.00
U.	S. MERCHANTS G	ROUP, INC.		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 1/3 N. FEDERAL HWY 1/3 N. FOND			201 11 11	
1/3 N. FEDERAL HWY.   1/3 N. FEDERAL Suite, Apt. #, etc.   Suite, Apt. #, etc.		al Hwy.	DO NOT WRITE IN THIS SPACE	
0:: 0.0:				BONOT WITE IN THIS SPACE
City & Sta	1 BEALHY FL.	City & State  PANIA BEAG	Ha Pl.	4. FEI Number Applied For Not Applicable
Zip 330	704 Country	33004	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
				7. Name and Address of Current Registered Agent
DO NOT WRITE  Name  Street Addre				ERALD ADAMS
			Street Addre	ss (P.O. Box Number is Not Acceptable)
IN THIS SPACE			- ///	700000
	[/ ]	1	City 20 4	VIA BEAUTH FL Zip Code 4
8. The above	e named entity submite this statement for	the purpose of changing its re	egistered office or regi	stered agent, or both, in the State of Florida.
		<b>a</b> .		
SIGNATURE	Signature, typed or printed name of edistered agent a	nd title if applicable. (NOTE: F	Registered Agent signature req	EG. AGENT 4-29-02  uired when reinstating)  DATE
9. This corp	poration is eligible to satisty its Intangible		y 1 Fee is \$150.00	
(See criteria on back) Amended			Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND I	Make Check Payable DIRECTORS	to Department of	State   State
TITLE	P,V,T,S,D		TITLE	
NAME STREET ADDRESS	ALL AN BRUCH COVE	E CHELLE STIAN	NAME	
CITY-ST-ZIP	AVENTURA, FL.	33180	STREET ADDRESS CITY-ST-ZIP	
TITLE	The street of th		TITLE	
NAME . STREET ADDRESS			NAME	<i>'</i>
CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
HILE	1		TITLE	
NAME			TITLE NAME	
			TITLE	DO NOT WRITE
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I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: AUAN BLVCH - PLESIDENT 4-79-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date