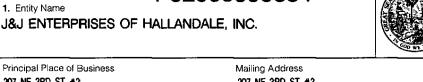
Apr 24, 2003 8:00 am \$ Secretary of State **FILED**

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CITY-ST-7IP



| HALLANDALE | | | HALLANDALE FL 33009 | | | | | 1 (26)(8 | . 25 11 5 41511 W | 9()) 48 (() 8 (| hen Asin ba | | :611) 8161 1661 | |
|--|---|-----------------|---------------------------------|-----------------|-----------------------------------|------------------|------------|---------------------------|---------------------------------|-------------------------------|----------------------|----------------|---------------------------------|-----------------------------|
| 2. Principal P | Place of Business | | 3. Mailing | Address | | | | | | | | | | |
| 2/5/ | N 68 | Ave | 2/ | 5/ 1 | 68 | A | re | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, A | .pt. #, etc. | | • | | | | CHECK H | HERE IF N | MAKING | CHANGES | |
| Holl | wood | FL | iya | lywos | ď | F | | 4. FELL | Number 03 | 739 | 85 | 5 | | oplied For ot Applicable |
| ^{Zip} 334 | 024 0 | untry | Zip 33 | 3024 | Country | у | | 5. Cert | ificate of | Status Des | ired | | \$8.75 Ad Fee Require | |
| | 6. Name and A | ddress of Curre | nt Registered A | igent / | | | | 7. Nam | e and Ad | dress of t | lew Regi | stered A | gent | |
| _ | AN D RD ST #2 ALE FL 33009 | -2/5/ Holly | N 68 T, boow | - Ave EC 330 | 24 | | [/ A | 1 6 | lumber is | Not Accel | | D. 24 FL | Zip Çog | §024 |
| | named entity subtions of registered a | igent. ひみ | 10 S.N | | egistered | | | | | n the State | of Florida | a. I am fa | amillar with, | and accept |
| After | LE NOW!!! FE May 1, 2003 Fed Payable to Flori | will be \$550.0 | | | | | | | | on Campai Fund Contr | v | cing | | 0 May Be d to Fees |
| 10. | | OFFICERS A | ND DIRECTORS | | 11. | | | ADDIT | ONS/CH | ANGES TO | OFFICE | RS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | D ROCA, JUAN D 207 NE 3RD ST HALLANDALE F | 45 6131 | I N 68 | | TITLE NAME STREET CITY-S | ADDRESS | 2151 | JUA N. | 68 | ave 330 | 2 H | | ☐ Change | Addition . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TOWER INTERIOR | | <i>/ - /i.</i> | ☐ Delete | TITLE `NAME | ADDRESS | <u> </u> | <u> </u> | <u>, F</u> | | <i>7</i> | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | and the second of the second of | Delete | | ADDRESS T-ZIP | Barri va d | E CAL | • | | ora yayba | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ٠. | | ☐ Delete | TITLE NAME STREET CITY-S | ADORESS T-ZIP | | | | | | | Change | Addition |
| TITLE : NAME STREET ADDRESS | | | | ☐ Delete | TITLE NAME STREET | ADDRESS | | <u> </u> | | | | | ☐ 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.

CITY-ST-ZIP

SNAWRE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date