

16 SEP. 2003 09:30AM F1

FILED

03 OCT 17 AH 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



650 N MIAMI AVE #200E
MIAMI FL 33136

REINSTATEMENT

2. Principal Place of Business 850 N. MIAMI AVE Suite, Apt. #, etc. 2006		3. Mailing Address 850 N. MIAMI AVE Suite, Apt. #, etc. 2006		4. ☒ CHECK HERE IF MAKING CHANGES	
5. City & State MIAMI FL		6. City & State FLORIDA		7. State Number 980379655	
8. Zip 33136		9. Country USA		10. Additional Fee Required \$8.75	
11. Name and Address of Current Registered Agent BAHAMONDE, CARMITA 850 N MIAMI AVE #2006 MIAMI FL 33136				12. Name and Address of New Registered Agent Name: CARLOS ALVAREZ Street Address (P.O. Box Number, if applicable): 13820 SW 112th #204 City: MIAMI FL Zip Code: 33186	
13. The above named entity submits the following statement for the purpose of registering as a foreign limited liability company in the State of Florida and will pay the fee and accept the obligations of registered agent.					
SIGNATURE: SIGNATURE: 10/08/03					

Make Check Payable to Florida Department of State

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BOHAMONDE, CARMITA 850 N MIAMI AVE #2006 MIAMI FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BAHAMONDE, CARMITA 850 N MIAMI AVE #2006 MIAMI, FL. 33136 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BRITA, MAURO 850 N MIAMI AVE #2006 MIAMI FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BRITO, MAURO 850, N MIAMI AVE #2006 MIAMI, FL. 33136 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BAHAMONDE, MENTOR N. 850, N MIAMI AVE #2006 MIAMI, FL. 33136 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition 300023869743 10/17/03--01016--019 ***750.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information furnished on this form is true and correct. I am aware that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).