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Be obligations of registorid agent. SIGNATURE Signature trade of registorid agent and the / softable. (POTE Registered Agent seques required with a softable. FILE NOW III FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Finded Department of State 10. OFFICERS AND DIRECTORS 11. ADRADE, DIEGO M Stress ADRADE, DIEGO M Stress ADRADE, DIEGO M Stress ADRADE, DIEGO M Stress ADRADE, MARCELA INIL ADRADE, MARCELA INIL ADRADE, MARCELA INIL VO MAMA FL 33183 OTI-S1_2P INAME Stress ADRESS OTI-S1_2P MAMN FL 33183 OTI-S1_2P MAM FL 33183 OTI-S1_2P INAME OBL OFFICERS AND DIRECTORS Stress ADRESS OTI-S1_2P MAMA FL 33183 OTI-S1_2P INAME Gall_AZZ, ENRIOUE Stress ADRESS OTI-S1_2P MAMA FL 33183 OTI-S1_2P INAME OTI-S1_2P INAME S21 SW H8 0G CT Stress ADRESS S21 SW H8 0G CT S21 SW H8 0G CT Stress ADRESS S21 SW H8 0G CT Stress ADRESS S21 SW H8 0G CT S21 SW H8 0G CT Stress ADRESS S21 SW H8 0G CT <td colspan="4">16300 NE 19 AVE STE C</td> <td colspan="4">Street Address (P.O. Box Number is Not Acceptable)</td>	16300 NE 19 AVE STE C				Street Address (P.O. Box Number is Not Acceptable)				
Ander September 10, 2003 Fee will be 3/20.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DP Change Addition Stretz ADDRADE, DIEGO M Stretz ADDRSS Change Addition Stretz ADDRSS SS21 SW 163 CT Change Addition INLE D Delete TTLE MAM NAME ADDRADE, MARCELA Belte TTLE Intra-str.2P INLE D Change Addition Change Addition Stretz ADDRSS SS21 SW 163 CT Stretz ADDRSS Stretz ADDRSS Change Addition Stretz ADDRSS SS21 SW 163 CT Stretz ADDRSS Stretz ADDRSS Change Addition NAME GALLAZZ, ENRIQUE Intra Intra-str.2P Intra Addition Stretz ADDRSS CTY-S1-ZP Intra-str.2P Intra-str.2P Intra-str.2P Intra-str.2P Intra- D Delete TTLE Change Addition Stretz ADDRSS CTY-S1-ZP Intra-str.2P	Ihe obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW [!! FEE IS \$550.00								
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NAME MENDY, NORMA STREET ADDRESS 6521 SW 163 CT CITY-ST-ZIP MIAMI FL 33193 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 officer or director of the corporation or the receiver or trustee error waved 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 officer with all other like empowered.	NAME STREET ADDRESS	DT MENDY, DARDO 6521 SW 163 CT	Delete	NAMI	ET ADDRESS		Change Addition		
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SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF BUCKING OFFICES ON DIRECTOR DECTOR									

attachment September 08, 2003

To: Florida Department of State Division of Corporations.

From: CIG Corp.

Re: Document # P02000105162.

.To.whom it; may concern:

This letter is to request a late fee waived, because CIG Corporation did not receive the prior notice. Attached please find a check in the amount of 150.00 dollars. Thank you in advanced for all you can do in this matter. Sincerely,

Dardo Mendy

Treasurer

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