2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2003 8:00 am Secretary of State

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Principal Place of Business 50 NW 130 AVENUE MIAMI FL 33182	Mailing Address SO NW 130 AVENUE MIAMI FL 33182)/ 1 4443 (1 414 // 141) 1/7 1	NION DUDAN NAW 128N
2. Principal Place of Business	3. Mailing Address	•	I INDIVICON DIN DANIA BARNI BARNI BARNI	16 60103 18010 16006 03601 :	14 5 11 01.010 1011 1001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	☐ CHECK HERE	IF MAKING CHAN	
City & State	City & State		4. FEI Number		Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired
6. Name and Address of Current Re	gistered Agent		7. Name and Address of New R	egistered Agent	
		Name⊃∞-≥			
ROZENCWAIG, LESLIE A ONE SOUTHEAST 3RD AVENUE		Street Address	s (P.O. Box Number is Not-Acceptable)	
SUITE 960			2 000		
MIAMI FL 33131	<u> </u>	City	•	▁▕▔▙▕▁░	Code
 The above named entity submits this statement for the obligations of registered agent. 	ne purpose of changing its	registered office or regist	ered agent, or both, in the State of Flo	ırida, 1 əm familiar v 	with, and accept
SIGNATURE	lijie if applicable. (NOT)	E: Registered Agent signature requi	red 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 S	tete		9. Election Campaign Fin Trust Fund Contribution	sencing \$	5.00 May Be dded to Fees
10. OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	
DITUE PD SUAREZ, LARRY STREET ADDRESS 50 NW 130 AVENUE	Delde	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	
DITLE PD SUAREZ, LARRY STREET ADDRESS 50 NW 130 AVENUE CITY-ST-ZIP MIAMI FL 33182 TITLE SD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFF		nge Addition (20/03)
DITLE PD SUAREZ, LARRY STREET ADDRESS 50 NW 130 AVENUE CITY-ST-ZIP MIAMI FL 33182 TITLE SD SUAREZ, DANIA STREET ADDRESS 50 NW 130 AVENUE	☐ Delide `	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFF	☐ Chai	
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1. Prefety certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(1). Profida Statutes. Truther 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 trusted 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

SOUTH REQUIRED
SOUTH AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

305)554B78

Daytime Phone