HALEAH, FL HALEAH FL 112119124 INst App Zip Country 33016 Country 5. Certificate of Status Desired \$8,75 Adv 33016 T. Name and Address of Current Registered Agent Name Desired Address of Current Registered Agent Name DO NOT WRITE INTHIS SPACE Name and Address of Current Registered Agent Name 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Fiorida. Lean familiarywity, and accept the obligations of registered agent agent, or both. In the State of Fiorida. Lean familiarywity, and accept the obligations of registered Agent segnature required when reinstating) DATE Signative, additional profile agent and the if applicable (NOTE Registered Agent segnature required when reinstating) DATE January May 1 Fee is \$515.00 Title Stock Maxe Stock Maxe After May 1, Fee is \$580.00 Title Streef Address (P.O. Contrubution. Added to OPFICERS AND DIRECTORS 10. DPFICERS AND DIRECTORS 11. Title Streef Address Streef Addres Streef Address Streef Addres Streef Address	4								
1. Entity Name 04 0CT 21 AM ID: ID NARY BEAUTY SALON INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Adriress 3533 W 76 st 3553 W 76 st Suite, Apt #, etc. OG OG City & State City & State Colspan="2">Attention State DO NOT WRITE IN THIS SPACE Street Address of Current Registered Agent Name DELFIN SENANCE Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of Current Registered Agent Mark DELFIN SENANDE Street Address of Current Registered Agent Street Address of Curent Registered Agent	F	OR PROFIT	CORPORATI	ON				ATX1	
1. Enthy Name 04 0CT 21 AM ID: ID NAY BEAUTY SALON INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3553 W 76 st State Act #, etc. 103 City & State 1. FEI Number City & State 1. State City & State 1. State DO NOT WRITE 103 Cong Country 3016 Country State Act Meter 120 Coly & State 1. Name and Address of Current Registered Agent Name DELFIN SENANDE Street Address of FO: Rox Number is Not Acceptable BM/AM Coly Attract Address of Current Registered Agent Address of Current Registered Agent Signate Reditarceber Amode Cols is \$150.00 Stote Address of Country Stote Address of Current Registered Agent Signate Reditarceber Amode Stote \$150.00 Stote Address <td< th=""><th>UNIF</th><th>ORM BUSIN</th><th>ESS REPORT</th><th>Γ (UBR</th><th>()</th><th></th><th>FILED</th><th>J</th></td<>	UNIF	ORM BUSIN	ESS REPORT	Γ (UBR	()		FILED	J	
NAY BEAUTY SALON INC SECRETARY P. CONTACT DO NOT WRITE IN THIS SPACE Statu 255 wills and	DOCUMENT #			· · · · ·	[]		free Long born com	. 10	
NAY BEAUTY SALON INC Sector INSC DO NOT WRITE IN THIS SPACE Sector INSC 2. Principal Place of Business 3.65 m, 76 st. 2.50 W. 20 3.65 m, 76 st. 2.50 W. 20 3.65 m, 76 st. 2.60 W. 20 9.00 NOT WRITE IN THIS SPACE 2.00 W. 20 100 W. 20 2.01 P. 20 Country 2.10 Country 2.10 Country 2.10 Country 2.10 Country 2.10 Country 3.016 3.10 Country 2.10 Country 3.10 Country 3.01 Country 3.10 Country 3.01 Country 3.10 Country 3.01 Country 3.10 Country 3.01 Country 3.10	1. Entity Name						OCT 21 AM	10: 10	
2. Principal Place of Business 3. Mailing Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 100 City & State HIALEAH, FL 2.2 product and the state HIALEAH, FL 2.1 product and the state of status besided Applied to the state of status besided of status besided and the state and state and state and the state and s						0r	ULI -	STATE	
2. Principal Place of Business 3.5 Mailing Address 3.0 Mailing Address 30ufe, Apt. #, etc. 0.0 Mark #, etc. 0.0 Mark #, etc. 0.0 Mark #, etc. City & State HIALEAH, FL 4. FEI Number Apple # 2016 Country 2.0 Country 5. Certificate of Status Desired Apple # 2016 Country Zp Country 5. Certificate of Status Desired Apple # 2016 Country State of Status Desired Apple # Apple # Apple # 2016 Country State of Florida State of Florida State of Florida Name NDE 318 The above name lentify submits this statement for the purpose of changing lits registered agent. Otolt, 33018 Immedue Delify To Country State of Florida Apple # 10/10/200 State of Florida State of Florida State of Florida State of Florida Apple # 10/10/200 State of Florida Apple # 10/10/200 State of Florida Deletin State NOTE Registered Appel # 10/10/200 Sto Mark 35:00 Mark 35:00 M	NAY BEAUTY SALC				L	S	ECRETARY OF	FLORIDA	
Sulle, Apt. #, etc. Iff DONOT WRITE IN THIS SPACE City & State A.FEI Number Applied ALEAH, FL. HALEAH FL. 41-2119124 Not Applied 2ip Country Zip S. Certificate of Status Desired Fee Require 2ip State A.T. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE T. Name and Address of Current Registered Agent DO NOT WRITE State of Florida The above name entity submits this statement for the purpose of changing its registered agent. State of Florida 3. The above name entity submits this statement for the purpose of changing its registered agent. It? It? Zip Codd SIGNATURE UHA DELFIN SENANDE 10/10/200 Sonato well state as \$550.00 Amended the remstating DATE January, May 1 Fee is \$150.00 Amended the remstating DATE January, May 1 Fee is \$150.00 TITLE State Applied to Florida Department of State DOFICERS AND DIRECTORS 11. D.TTLE OFFICERS AND DIRECTORS TITLE NAME Added to STREET ADDRESS OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS OFFICERS AN	DO N	IOT WRIT	E IN THIS	SPA	CE	AT	LLAMAJOD	۲I,	
Sulle, Apt. #, etc. Iff DONOT WRITE IN THIS SPACE City & State A.FEI Number Applied ALEAH, FL. HALEAH FL. 41-2119124 Not Applied 2ip Country Zip S. Certificate of Status Desired Fee Require 2ip State A.T. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE T. Name and Address of Current Registered Agent DO NOT WRITE State of Florida The above name entity submits this statement for the purpose of changing its registered agent. State of Florida 3. The above name entity submits this statement for the purpose of changing its registered agent. It? It? Zip Codd SIGNATURE UHA DELFIN SENANDE 10/10/200 Sonato well state as \$550.00 Amended the remstating DATE January, May 1 Fee is \$150.00 Amended the remstating DATE January, May 1 Fee is \$150.00 TITLE State Applied to Florida Department of State DOFICERS AND DIRECTORS 11. D.TTLE OFFICERS AND DIRECTORS TITLE NAME Added to STREET ADDRESS OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS OFFICERS AN		Business				abalot	90001	0259150	
City & State City & State 4. FEI Number [Appled] Zip Zip Country 5. Certificate of Status Desired F8.75 Adv 2016 Country South South F8.75 Adv DO NOT WRITE IN THIS SPACE T. Name and Address of Current Registered Agent Name Delifier Name Delifier State 3. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords, beh familiarywith, and accept the obligations of registered agent agent and the familiarywith, and accept the obligations of registered agent agent and the familiarywith and accept the obligations of registered agent agent and the familiarywith agent and the familiarywith is \$10.00 After May 1 Fee is \$150.00 Amended UBR is \$51.25 Adv Del FIN SENANDE January May 1 Fee is \$150.00 Amended UBR is \$51.25 Adv State of FICERS AND DIRECTORS Diff. Delifier Address Groups and accept the obligations of registered agent agent and the familiary for the setter Address of Current Registered Agent agentare required when remstating. Date January May 1 Fee is \$150.00 Amended UBR is \$51.25 Adv State State of FICERS AND DIRECTORS Diff. NAME Street Address City State Stone State Stone State Dot Cry State Street Address Dot NOT WRITE <t< td=""><td></td><td></td><td colspan="3">Suite, Apt. #, etc.</td><td>10 DOINO</td><td>T WRITE IN THIS</td><td>SPACE</td></t<>			Suite, Apt. #, etc.			10 DOINO	T WRITE IN THIS	SPACE	
Zip Country Zip S. Certificate of Status Desired 98.7.8.4.9.4.9.4.9.4.9.6.6.9.6.6.6.6.6.6.6.6.6							····	Applied For	
1016 33016 5. Certificate of Status Desired Fee Req. Name and Address of Current Registered Agent Name and Address of Current Registered Agent Address (P.O. Box Number is Not Acceptable) Book of Figure Agent Colspan="2">Address (P.O. Box Number is Not Acceptable) Book of Figure Agent Colspan="2">Decemption Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= Address (P.O. Box Number is Not Acceptable) Book of Figure Agent Colspan="2">Colspan= Address (P.O. Box Number is Not Acceptable) Colspan= Colspan= Address (P.O. Box Number is Not Acceptable) South Desire Agent System Colspan= Colspan="2">Colspan="2" Addet Desis S						41-2119124 Not Applicable \$8.75 Additional			
DO NOT WRITE IN THIS SPACE Name DO NOT WRITE IN THIS SPACE Name Streat Address (P.O. Box Number is Not Acceptable) 686 NW 124 AVE Streat Address (P.O. Box Number is Not Acceptable) 686 NW 124 AVE B. The above namet entity submits this statement for the purpose of charsing its registered agent, or both, in the State of Florida. I an familiarywith, and accept the obligations of registered agent. The Above namet entity submits this statement for the purpose of charsing its registered agent, or both, in the State of Florida. I an familiarywith, and accept the obligations of registered agent. 10/10/200 30/	•	Country	•		bunay	5. Certificate of St	atus Desired	Fee Required	
DO NOT WRITE IN THIS SPACE DELFIN SENANDE Street Address (P.O. Box Number is Not Acceptable) 686 NW 124 AVE 8. The above namel entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familianwith, and accept the obligations of registered agent. FL Zip Cod 318; 8. The above namel entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familianwith, and accept the obligations of registered agent. 10/10/200 00/10/200 SIGNATURE UPLEIN SENANDE 10/10/200 00/10/200 January May 1 Fee is \$150.00 After May 1, Fee is \$350.00 After May 1, Fee is \$35				•		ne and Address o	f Current Regist	ered Agent	
DO NOT WRITE IN THIS SPACE Street Address (P. O. Box Number is Not Acceptable) 86 NW 124 AVE B68 NW 124 AVE MIAMI City FL Zip Cod 318; The above namel entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lan familiarywith, and accept the obligations of registered agent. 10/10/200 SIGNATURE Signeting patientiarywith, and accept the obligations of registered agent. 10/10/200 January May 1 Fee is \$150,00 (NOTE: Registered Agent signeture required when reinstating) DATE January May 1 Fee is \$150,00 9. Election Campaign Financing \$5.00 Ma Arter May 1, Fee is \$350,00 9. Election Campaign Financing \$5.00 Ma Arter May 1, Fee is \$350,00 9. Election Campaign Financing \$5.00 Ma Arter May 1, Fee is \$3010 TITLE NAME Street ADDRESS 6121 W 24 AVE APT 211 STREET ADDRESS CITY-ST.2IP CITY-ST.2IP HIALEAH FL 33010 TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST.2IP TITLE NAME STREET ADDRESS CITY-ST.2IP TITLE NAME STREET ADDRESS IN THIS SPA	_								
IN THIS SPACE MIAMI City City City City City City City City					Street Addr	treet Address (P.O. Box Number is Not Acceptable)			
City FL Zip Codd 33183 8. The above namely entity submits this statement for the purpose of changing its registered agent. 33183 8. The above namely entity submits this statement for the purpose of changing its registered agent. 10/10/200 Signative backup guited name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE January May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 Ma After May 1, Fee is \$550.00 Amended UBR is \$81.25 9. Election Campaign Financing \$5.00 Ma Added to OFFICERS AND DIRECTORS 11. 0. OFFICERS AND DIRECTORS 11. NAME STREET ADDRESS G121 W 24 AVE APT 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 TITLE NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IN THIS SPACE					686 NW 124 A				
Image:									
The above name is entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jap familiarwith, and accept the obligations of registered agent. SIGNATURE	J						FL	Zip Code 33182	
SIGNATURE DELFIN SENANDE 10/10/200 Signature bacacarbide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January, May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 Ma Atter May 1, Fee is \$561.20 Yee is \$100 9. Election Campaign Financing \$5.00 Ma Atter May 1, Fee is \$51.20 OFFICERS AND DIRECTORS 11. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. NAME STREET ADDRESS G121 W 24 AVE APT 211 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS IN THIS SPACE CITY-ST-ZIP TITLE NAME IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE<	. The above name	entity submits this	statement for the pur	pose of ch	nanging its regis	stered office or reg	istered agent, or		
Signalite well of uplied name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE January May 1 Fee is \$150.00 After May 1, Fee is \$150.00 Amended UBR is \$125 9. Election Campaign Financing \$5.00 Ma Jake Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 Ma J. OFFICERS AND DIRECTORS 11. Turl E VAME NAME STREET ADDRESS 6121 W 24 AVE APT 211 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 TTTLE NAME VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE VAME STREET ADDRESS DO NOT WRITE VAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE VAME STREET ADDRESS DO NOT WRITE VAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE <td>State of Florida.</td> <td>am familiar with, a</td> <td>nd accept the obligation</td> <td>ons of regi</td> <td>stered agent.</td> <td></td> <td></td> <td></td>	State of Florida.	am familiar with, a	nd accept the obligation	ons of regi	stered agent.				
January May 1 Fee is \$150.00 Amended UBR is \$50.20 Anended UBR is \$51.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 Ma Added to Jake Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS 11. TITLE P-T= ANAY SIMON TITLE NAME STREET ADDRESS 6121 W 24 AVE APT 211 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE								<u>10/10/2004</u>	
0. OFFICERS AND DIRECTORS 11. TITLE P-T= ANAY SIMON TITLE NAME STREET ADDRESS 6121 W 24 AVE APT 211 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	January After M Amen	May 1 Fee is \$1 lay 1, Fee is \$550. ded UBR is \$61.2	50.00 00 5		¥	9. Election Campa	aign Financing	\$5.00 May Be Added to Fees	
NAME NAME STREET ADDRESS 6121 W 24 AVE APT 211 GITY-ST-ZIP HIALEAH FL 33010 TITLE NAME STREET ADDRESS GITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS <t< td=""><td></td><td>OFFICERS</td><td>AND DIRECTORS</td><td></td><td></td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td></t<>		OFFICERS	AND DIRECTORS					· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS 6121 W 24 AVE APT 211 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		P-T= ANAY SIM	ON						
TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS						s			
NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME		HIALEAH FL 330	10						
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Z. 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 can; that I am an officer or director of the corporation or the receiv									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS						S			
STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IITLE IN THIS SPACE NAME NAME NAME IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 2. 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 gah; 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. Floride Statutes; and that my name appears in Block 10 or on an attachment									
CITY-ST-ZIP CITY-ST-ZIP DO NOT WRITE TITLE TITLE IITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRES									
NAME NAME IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 2. 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 gain; 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 on an attachment with an address, with all other like empowered.						<u>' DC</u>	<u>) NOT W</u>	RITE	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Z. 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 date, 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 on an attachment with an address, with all other like empowered.							THIS SP	ACE	
TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Z. 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. J 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 day; 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 on an attachment with an address, with all other like empowered.									
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2. 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. J 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 dath; 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 on an attachment with an address, with all other like empowered.					the second se				
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2. 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 gam; 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 on an attachment with an address, with all other like empowered.									
TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. 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 gath; 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 on an attachment with an address, with all other like empowered.				1		5			
NAME STREET ADDRESS CITY-ST-ZIP 2. 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 dath; 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 on an attachment with an address, with all other like empowered.						_	· · ·		
CITY-ST-ZIP CITY-	NAME	1		N/	ME	_			
2. 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 furthe 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 dath; 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 on an attachment with an address, with all other like empowered.	CITY-ST-ZIP	L.		C	TY-ST-ZIP			ļ	
as if made under dain; 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 on an attachment with an address, with all other like empowered.	2. I hereby certify that	the information suppl	ied with this filing does n	ot qualify fo	r the exemption s	stated in Section 119	.07(3)(i), Florida Sta	atutes. I further	
Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.	 certify that the information of the second se	mation indicated on the	his report or supplementation of the correction	al report is to ration or the	rue and accurate	and that my signatur	e shall have the sa	me legal effect	
SIGNATURE: ANAY SIMON PRESIDENT 10/10/2004 305-2252648	Chapter 607, Florid	a Statutes; and that n	iy name appears in Block	k 10 or on a	in attachment with	h an address, with al	l other like empowe	red.	
SIGNATURE: ANAY SIMON PRESIDENT 10/10/2004 305-2252648	N M	M							
	SIGNATURE:)/20043	05-2252648	
SIGNATIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone a	sign	TYPE AND TYPED	OR PRINTED NAME OF	F SIGNING	OFFICER OR DI	IRECTOR D	ate Da	ytime Phone #	