COF ANNU	PROFIT RPORATIO JAL REPO 1998			Sandra Secrel	ARTMENT OF STATE B. Mortham lary of State CORPORATIONS	May 11 1998 8:00a Secretary of State
	MENT # S. HELLEF			ailing Address)	
8603 S. DIXIE				603 S. DIXIE HIGHWA	Y	
208 MIAMI FL 33143 US		•	208 MIAMI FL 33143 US			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
			-1			11/25/1992
2. Principal P	lace of Busine	55	26.	Mailing Address		4. FEI Number Applied For 65-0376626 Not Applicab
Suite, Apt.	#, etc.			Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional
2			27	04.0	· · · · · · · · · · · · · · · · ·	Fee Required
City & State	Ð		28	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	_ _	Country	201	Zip	Country	B. This corporation owes or has paid the current year Intangible
4	2	-	29		30	Personal Property Tax due June 30. 🗹 Yes 🔲 No
DE	TER S. HELL	nd Address of Curren	it Hegis	tered Agent	B1 Name	10. Name and Address of New Registered Agent
			•			
001	J3 8. DIXIE F	IIGHWAY, SUILE 20	8		93 Street	Address (P.O. Box Number is Not Acceptable)
	MI FL 33143	IIGHWAY, SUITE 20 3	8			Address (P.O. Box Number is Not Acceptable)
			8		82 Street 83	Address (P.O. Box Number is Not Acceptable)
			ι κ			Address (P.O. Box Number is Not Acceptable)
MI	AMI FL 33143	3		07.1508, Florida Stett	83 84 City	FL B5 Zip Code
MI/ 11. Pursuant	MI FL 33143	3	2 and 6	07.1508, Florida Stett da. Such change was f, Section 607.0505, F	83 84 City utes, the above-named	
MI/ 11. Pursuant office or r agent. La	AMI FL 33143 to the provision egisterod ager m familiar with	s of Sections 607.050	2 and 6 of Florid ations of	t, Section 607.0505, F	83 84 City utes, the above-named	FL 65 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12.	MI FL 33143 to the provision egisterod ager m temiliar with Signature, wird or	s of Sections 607.050 It, or both, in the State , and accept the obliga	2 and 6 of Florid ations of	It spolicable (NC CTORS	83 84 City utes, the above-named s authorized by the corr iorida Statutes. 11: Registered Agont signature 13.	FL 65 Zip Code corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered required whom renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE	to the provision egisterod ager m tamiliar with Signature, typed or PST	hs of Sections 607.050 It, or both, in the State , and accept the obliga privation of reputched age OFFICERS ANI	2 and 6 of Florid ations of	It applicable (NC	83 84 City Ites, the above-named authorized by the corr lorida Statutes. It: Registered Agent signature 13. 1.1 TILE	FL 65 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	hs of Sections 607.050 It, or both, in the State , and accept the obliga privation of reputched age OFFICERS ANI	2 and 6 of Florid ations of	It spolicable (NC CTORS	83 84 City Jtes, the above-named authorized by the corr forida Statutes. 50 50 DTE: Repistered Agent signature 13 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS	FL 65 Zip Code corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered required whom renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	It spolicable (NC CTORS	83 84 City utes, the above-named authorized by the corr forida Statutes. 5000000000000000000000000000000000000	FL 65 Zip Code corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered required whom renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. 17. 17. STREY ADDRESS CITY-ST-ZIP TITLE	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	t, Soction 607.0505, F Il application (NC CTORS DELETE	83 94 City Jtes, the above-named authorized by the corr forida Statutes. DTE: Registered Agent signature 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI 11. Pursuant office or r agent. L a SIGNATURE 12. TITLE NAME STREET ADDRESS STREET ADDRESS	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	t, Soction 607.0505, F Il application (NC CTORS DELETE	83 84 City Jetes, the above-named sauthorized by the corp forida Statutes. 11: 13: 11: 12: 13: 14:	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. 11.E NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City Joint Statutes 101012260 by the corploration signature 1011110 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100 1011100	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI/ 11. Pursuant	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	t, Soction 607.0505, F Il application (NC CTORS DELETE	83 84 City Jetes, the above-named sauthorized by the corp forida Statutes. 11: 13: 11: 12: 13: 14:	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City Jtes, the above-named sauthorized by the corp forida Statutes. 11: 13: 11: 12: 13: 14:	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City 94 City 94 City 95 authorized by the corploridal statutes. 96 97 97 13 97 13 98 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 97 1.1 1.1 11/F 1.2 NAME 1.3 STREET ADDRESS 2.4 City - S1 - ZiP 3.1 11/TLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - S1 - ZiP 3.4 City - S1 - ZiP	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. 11. SIGNATURE 12. 11. SIGNATURE 12. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City 94 City 94 City 97 97 98 City 98 City 99 90 90 90 91 10 92 90 93 90 94 City 94 City 95 90 96 90 97 90 97 91 97	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE 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 TITLE NAME	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City 94 City 94 City 97 97 98 City 98 City 99 97 90 97 97 97 97 97 98 City 98 City 98 City 99 97 90 97 91 97 91 97 92 98 93 97 93 97 93 97 93 97 93 97 93 97 93 97 94 97 93 97 94 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97 97	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MI/ 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City 94 City 94 City 97 97 98 City 98 City 99 90 90 90 91 10 92 90 93 90 94 City 94 City 95 90 96 90 97 90 97 91 97	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MI 11. Pursuant office or r agent. L a SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F	83 84 City Jtes, the above-named s authorized by the corr forida Statules. 31F: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 City - S1 - ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - S1 - ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - S1 - ZiP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 City - S1 - ZiP	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MI/ 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provision egisterod ager m familiar with Signature, typed or PST HELLER, I S DIXIE I	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F It equilicate (NC CTORS DELETE DELETE DELETE DELETE	83 84 City Jtcs, the above-named s authorized by the corr forida Statutes. 11 13. 1.1 1.2 1.3 1.4 1.7 1.1 1.2 1.3 1.4 1.7 2.1 1.1 1.2 1.3 1.4 1.7 2.1 1.1 2.1 2.1 2.1 2.1 1.1 2.2 1.4 2.1 2.1 1.1 2.1 2.1 1.1 1.2 2.1 1.4 2.1 2.1 1.1 1.1 2.1 2.1 3.1 1.1 3.2 NAME 3.3 3.3 3.4 CITy-ST-ZIP 4.1 4.1 4.2 1.1 4.1 1.1 1.1 1.1	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
MI 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS	AMI FL 33143 to the provision egisterod ager refemiliar with Signature, typed or PST HELLER, I S DIXIE I MIAMI FL	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F It equilicate (NC CTORS DELETE DELETE DELETE DELETE	83 84 City Jtes, the above-named s authorized by the correst forida Statutes. 11 13 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST - ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST - ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST - ZiP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST - ZiP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City - ST - ZiP 5.1 TITLE 5.3 STREET ADDRESS	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
MI/ 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AMI FL 33143 to the provision egisterod ager refemiliar with Signature, typed or PST HELLER, I S DIXIE I MIAMI FL	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R, Soction 607.0505, F It equilicate (NC CTORS DELETE DELETE DELETE DELETE	83 84 City Jtcs, the above-named s authorized by the corr forida Statutes. 11 13. 1.1 1.2 1.3 1.4 1.7 1.1 1.2 1.3 1.4 1.7 2.1 1.1 1.2 1.3 1.4 1.7 2.1 1.1 2.1 2.1 2.1 2.1 1.1 2.2 1.4 2.1 2.1 1.1 2.1 2.1 1.1 1.2 2.1 1.4 2.1 2.1 1.1 1.1 2.1 2.1 3.1 1.1 3.2 NAME 3.3 3.3 3.4 CITy-ST-ZIP 4.1 4.1 4.2 1.1 4.1 1.1 1.1 1.1	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
MI/ 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMI FL 33143 to the provision egisterod ager refemiliar with Signature, typed or PST HELLER, I S DIXIE I MIAMI FL	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R Soction 607.0505, F	83 84 City Jtcs, the above-named s authorized by the corr forida Statules. 31E: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST-ZIP	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered portion's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
MI/ 11. Pursuant office or r agent. Le SIGNATURE 12. TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AMI FL 33143 to the provision egisterod ager refemiliar with Signature, typed or PST HELLER, I S DIXIE I MIAMI FL	s of Sections 607.050 it, or both, in the State , and accept the obliga printed name of registered age OFFICERS ANI PETER S	2 and 6 of Florid ations of	R Soction 607.0505, F	83 84 City Jtcs, the above-named s authorized by the corr forida Statutes. 11 13 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 City - ST-ZIP 6.1 TITLE	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered portion's board of directors. I hereby accept the appointment as registered required when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition

tion with a region of the second s

and in the state of the state

the set which is not