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DOCU	MENT	# P920000	12186				-1hannoods 89 88	marida 1775		
. Entity Nam		N POND, INC.					207			
THOUSEN FORD, INC.				:	00 FEB -7 MIII: 18					
rincipal Plac	e of Business		Mailing Address							
15 N.W. 62 ST UITE 300 IAMI FL 3315			645 N.W. 62 ST. Suite 300 Miami Fl 33150-4329				SECHETIC TALLAHASI	,12, FL 0 f	RIDA	
Principal P	Place of Busin	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPAC	CE	
City & Stat	e	<u></u>	City & State			4. FEI Number	65-0383285		\vdash	plied For t Applicable
Zip		Country	Zip	Country		5. Certificate of	Status Desired		75 Add Required	
	6. Name	and Address of Current R	egistered Agent			7. Name and A	ddress of New Re	gistered Ager	nt	
					Name —————					
100	lfe, Leon (s.e. 2nd s	TREET		:	Street Address (F	P.O. Box Number i	s Not Acceptable)			
		TIONSBANK TOWER								_
MIAI	MI EL 22121				0.4				Zip Code	9
The above	Signature, typed	y submits this statement for or printed name of registered agent an	d title if applicable. (NC	ts registered DTE: Registered Ag	gent signature required	when reinstating)		da.		
. The above	s named entity Signature, typed	submits this statement for	d title if applicable. (NC	ts registered OTE: Registered Ag V!!! FEE IS 2000 Fee wi	office or registers gent signature required \$150.00 II be \$550.00	when reinstating) 10. Elect	in the State of Flori ion Campaign Fina Fund Contribution	da.	\$5.0	0 May Be
GIGNATURE 3. This corporate filing records (See criter)	e named entity Signature, typed oration is eligirequirement a	y submits this statement for or printed name of registered agent and ble to satisfy its Intangible and elects to do so.	of title if applicable. (NC FILE NOV After MAY 1, 2 Make Check Pays	ts registered OTE: Registered Ag V!!! FEE IS 2000 Fee wi	office or registers gent signature required \$150.00 II be \$550.00	when reinstating) 10. Elect Trust	ion Campaign Fina	da. DATE Incing CERS AND DIF	\$5.0 Added	0 May Be I to Fees
9. This corporate for the state of the state	Signature, typed oration is eligi requirement a ria on back) P SIMMONS 645 NW (or printed name of registered agent and ble to satisfy its Intangible and elects to do so. OFFICERS AND CO. CORENZO 32ND ST #300	of title if applicable. (NC FILE NOV After MAY 1, 2 Make Check Pays	ts registered April 1975; Registered April 19	office or registers gent signature required \$150.00 II be \$550.00 aritment of State	when reinstating) 10. Elect Trust	ion Campaign Fina Fund Contribution	da. DATE Incing CERS AND DIF	\$5.0 Added	0 May Be
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LORENZO SIMMONS

1/7/00

305/757-3737 Daytime Phone #