·····	PROFIT RPORATION UAL REPORT 1996 MENT # P9300	Sances Sances Sec	PARIMENT ( Ira B Morthan retary of State OF CORPOR	m a			
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Principa' Plac 9774 NORTI MIAMI FL 33	WEST 27TH TERRACE	Mailing Address 9774 NORTHWEST 2 MIAMI FL 33172	27TH TERRACE	E			
			······································		3. Date Incorporated or Qualified 02/08/1993	3a. Date of Last 03/28/19	
2. Principal P 21	lace of Business	2a. Mailing Address 26			4. FER Number 65-0485353		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22 City & Stal 23	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$ <b>5</b> .0	Required     May Be     ed to Fees
Ζφ 24	Country 25	Zip 29	Coui 30	ntry	8. This corporation has liability for Florida Statutes X Yes	intangible tax under No	
	9. Name and Address of Curro	ent Registered Agent		81 Name	10. Name and Address of New F	legistered Agent	
	ez, jorge sr		r		dress (P.O. Box Number is Not Acceptab	ple)	
	ORTHWEST 27TH TERRACE		-	83			
IAITWARD 1	2 33172			•••			
			ŀ	84 City		Incl	in Code
11 Purcurant	to the provisions of Protions 607 DE	02 and 507 1509 First to Stat		84 City			Zip Code
11. Pursuant or registe familiar w	to the provisions of Sections 607.05 red agent, or both, in the State of Fic ith, and accept the obligations of, Se	02 and 607, 1508, Florida Stat rida. Such change was autho ction 607,0505, Florida Statut	utes, the abov	/e-named.corpc	pration submits this statement for the pur ard of directors. I hereby accept the appr	The provide the provided in th	registered office
<ol> <li>Pursuant or registe familiar w</li> <li>SIGNATURE</li> </ol>	red agent, or boln, in the State of Fic ith, and accept the obligations of, Se	orida. Such change was autho oction 607.0505, Florida Statut	utes, the abov rized by the cr ies.	ve-named corpo orporation's boa	ard of directors. I hereby accept the appl	rpose of changing its ointment as registere	registered office
or registe familiar w	red agent, or both, in the State of Fic ith, and accept the obligations of, Se Synamic, bried or prined name of registered ag- OF FICERS A	orida. Such change was autho oction 607.0505, Florida Statut	utes, the abov rized by the cr ies.	/e-named.corpc	ard of directors. I hereby accept the appl	TPOSE of changing its ointment as registere	registered office d agent. I am
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