FILED Apr 18, 2000 8:00 ar Secretary of State

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Entity Nam	FER & ASSOCIATES, INC.								
Principal Place of Business		Malling Address			-	A00407	נים		
7357 FAIRWAY DR MIAMI LAKES FL 33014		7357 FAIRWAY DR MIAMI LAKES FL 33014-7812 US				AUUTUTUT			
2. Principal Place of Business		3. Mailing Address			-				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SF	PACE	
City & State		City & State		4. {	El Number 65-04 155 12		Applied Not App		
Zip	Country	Zip	Countr	Country		Certificate of Status Desired		8.75 Additional ee Required	
***	6. Name and Address of Currer	nt Registered Agent		Name	7, 8	Name and Address of New Registe	red Ag	gent	
EISDORFER, ALFRED 7357 FAIRWAY DR MIAMI LAKES FL 33014			-	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
SIGNATURE .	named entity submits this statement Signature, typed or printed name of registered age pration is eligible to satisfy its Intangible equirement and elects to do so, ita on back)	nt and title if applicable. (NOT	E: Registered /	Agent signature requi	red when re		g 🔲	\$5.0 Adder	
11.	OFFICERS AN	O DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND I	DIRECTU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISDORFER, ALFRED 7357 FAIRWAY DR MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET CITY-S	i adoress St-zip				Ciw.,	
TITLE Name Street address City-St-Zip		☐ Deleta	TITLE NAME STREET CITY-S	r address st-zip				<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	tanan ang it and in an anatografi dinapangan anggapan d	, Delete	NAME	ADORESS		المواقع المنظور المعدد والواد والاراد	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	title name street city-s	ADDRESS IT-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	f address st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET CITY-S	ADDRESS			-		

^{13.} 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, if 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 each of the corporation or the receiver or trustee empowered in the report as required by Chapter 607, Florida Statutes; and that my name as chapter 607, provided in the receiver of trustees with all other like this report as required by Chapter 607, Florida Statutes; and that my name as