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Control Cont	 Corporati 	on Name		38 (9)			
2. Principal Place of Business 2. 30 Maling Address 2. 31 20	1005 NE 20 MIAMI FL 3	GRD TERRACE	1005 NE Miami Fl	203RD TERRACE			3a. Date of Last Report
See, Apt. 4, etc. 22	2. Principal I	Place of Business	2a. Mailing	Address			
22 27 28 29 28 29 28 29 30 29 30 30 30 30 30 30 30 3	21 Suite Ani	# oto		A-1 # -1-		65-0423558	Not Applicable
22 P Country 2p Country 2p Country 8. This expression has liability for internighte tax under a 199 002, added to Pees 190 002,	22		27			5. Certificate of Status Desired	
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PROCTOR, SCOTT 1005 NE 203RD TERRACE MIAMI FL 33179 11. Parasurat to the provisions of Sections 677,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office families when and accept the objections of Section 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office families when and accept the objections of Section 607,0508, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITTILE 15. ITTILE	Zip	25	Zip 29			8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032, ☐ No
BEZ Street Addresses (P.O. Box Number is Not Acceptable)			urrent Registered A	gent	81 Name	10. Name and Address of New F	egistered Agent
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Subt change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Josephine 607.0505. Priorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITTILE DELETE 1. TITLE DELETE 1. TITLE DELETE 1. TITLE DELETE 1. TITLE DELETE 2. TITLE DELETE 1. TITLE DELETE 2. TITLE DELETE 3. SIRRET ADDRESS 1. TITLE DELETE 3. SIRRET ADDRESS CITY-S1-2P TITLE DELETE 5. TITLE DELETE 6. TITLE D	1005 N	E 203RD TERRACE			82 Street Add	dress (P.O. Box Number Is Not Acceptab	le)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of, Section 607.0506, Floridas Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTIL DATE PROCTOR, SCOTT 12. INTIL DOS NE 23RD TERRACE MIAMI FL 33179 INTIL DOS NE 23RD TERRACE MIAMI FL 33179 INTIL DOS NE 23RD TERRACE MIAMI FL 33179 DELETE 2 1 TITLE DELETE 3 1 TITLE DELETE 4 1 TITLE DELETE 5 1 TITLE DELETE 4 1 TITLE DELETE 5 1 TITLE DELETE 5 1 TITLE DELETE 5	MIAMI	FL 33179			83	· · · · · · · · · · · · · · · · · · ·	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, 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 12 or Block 13 if changed, or on an attachment with an address	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33179 D SHER, CHARLES 1005 NE 23RD TERRACE) DELETE	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 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	-10/30/ ****23	Change
certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 12 or Block 13 if changed, or on an attachment who an address	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MIAMI FL 33179 D SHER, CHARLES 1005 NE 23RD TERRACE) DELETE	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 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	-10/30/ ****23	Change
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