PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

REIN	STATE	MENT		DI	Secretar	-		FIL	EU Y NE STAIL		
								Y OF STATE CORPORATION AM 10: 56			
7000 S.W. 80th. Court 7000 S Miami, FL 33143 Miami,				Miami,	.W. 80th. Court FL 33143			REN	STATEMENT	T_00	
					ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/13/93			
Suite, Apt. #, etc. City & State				Suite, Apt. #, etc. City & State				5. FEI Number 65 - 0436142 Applied For Not Applicable			
Zip	Zip Country			Zip Cour				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Names	7. Names and Street Addresses of Each Officer and/or Director Title(s) 1 2 Name of Officers and/or Directors				lorida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			 h r	City / State / Zip		
DP	De Moros, Aida N				7000 SW 80th. Ct.				Miami, FL 33143		
D	Nahim, Joyce M.				7000 SW 80th. Ct.				Miami, FL 33143		
D	Nahim, Jorge M.				7000 SW 80th. Ct.				Miami, FL 33143		
								8000034195182 -10/03/00-01071-029			
·								****750.00 ****750.00			
						PC1 10/2					
8. Name and Address of Current Registered Agent Name								Name and Address of New Registered Agent			
De Moros, Aida N= 7000 SW 80th. Ct.						Street Address (P.O. Box Number is Not Acceptable)					
Miami, FL 33143					Suite, Apt. #, Etc.). 			
10. I, being appointed the registered agent of the above named corporation, am familiar with						City	FL				
10. I, being Signature o Registered	of 🗻	\ 4	a de S	Moro	eration, am fa		th and accept the c	obligations of Sec	Date09 - 28 - 00	<u> </u>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 🗓 No 🗓 No 🗓											
this rein owed b	nstatement app y the corporati	olication, to ion have t	he reason for dissol	ution has been ames of individ	elíminated, t luals listed or	he corpo this forr	rate name satisfies m do not qualify for	s the requirement r an exemption u	napter 607 or 617, F.S. I further ce is of section 607.0401 or 617.040 nder section 119.07(3)(i), F.S. The	1, F.S., that all fees	

SIGNATURE:

A HICLA de HISTAMOTOS, Aida N. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-28-00 Date

305-271-9294

Daytime Phone #