

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



APPROVED
AND
FILED

DOCUMENT # P93000080002 (7)

50 MAY -1 AM 11: 59

SPARTIKA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE BRICKELL SQUARE
801 BRICKELL AVE. #900
MIAMI FL 33131
US

ONE BRICKELL SQUARE
801 BRICKELL AVE. #900
MIAMI FL 33131
US

2	2a	3	3a
21	26	11/19/1993	05/01/1994
22	27	69-0465785	
23	28	5. ☒ Additional Fee Required	\$8.75
24	29	6. ☒ Additional Fee Required	\$5.00
25	30	7. ☒ Additional Fee Required	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOM, LEONARD H
1101 BRICKELL AVE
SUITE 1400
MIAMI FL 33131

81	82	83	84	85
				FL

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original document filed for record in the office of the Secretary of State, and that the same is a true and correct copy of the original document filed for record in the office of the Secretary of State, and that the same is a true and correct copy of the original document filed for record in the office of the Secretary of State.

12	13
PSD HOLMES, DAVID C 801 BRICKELL AVE, SUITE 900 MIAMI FL	

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original document filed for record in the office of the Secretary of State, and that the same is a true and correct copy of the original document filed for record in the office of the Secretary of State, and that the same is a true and correct copy of the original document filed for record in the office of the Secretary of State.

SIGNATURE: DAVID C. HOLMES

4/28/95 (305) 247-2807

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

RECEIVED
MAY 1 1995



FLORIDA DEPARTMENT OF REVENUE
HALL OF JUDICATURE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED

DOCUMENT # P93000080031 (6)

ALL RISK INSURANCE AGENCY, INC.

329 NE 167 ST
SUITE 103
NORTH MIAMI BEACH FL 33162
US

329 NE 167 ST
SUITE 103
NORTH MIAMI BEACH FL 33162
US

3. DATE OF FILING 11/19/1993 3a. DATE OF FILING 05/23/1994

4. LICENSE NUMBER 65-0449298

5. LICENSE FEE \$8.75 Additional Fee Required

6. This form is subject to examination by the Department of Revenue. \$5.00 May Be Added to Fees

8. This certificate is subject to examination by the Department of Revenue. \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SEATON, WENDELL
329 NE 167 ST
SUITE 103
NORTH MIAMI BEACH FL 33167

10. Name and Address of New Registered Agent

01 Name
02 Street Address, P.O. Box Number, if applicable
03
04 City
05 State

11. I, the undersigned, do hereby certify that the information supplied on this form is true and correct, and that I am the owner of the business for which this certificate is being filed. I understand that this certificate is subject to examination by the Department of Revenue, and that I am responsible for the payment of the fee thereon.

12. CERTIFICATE OF FILING

PST
SEATON, WENDELL A
15225 N.E. 6TH AVE., B-211
N. MIAMI FL 33162

13. ADDITIONAL INFORMATION

14. I, the undersigned, do hereby certify that the information supplied on this form is true and correct, and that I am the owner of the business for which this certificate is being filed. I understand that this certificate is subject to examination by the Department of Revenue, and that I am responsible for the payment of the fee thereon.

SIGNATURE:

Wendell Seaton 5/1/95 651-4447