2000	UNIFORM BUS			en)	•		
DOCUMENT # P93000088833  1. Entity Name  QUARTZ INCORPORATED					FILED 00 MAR 14 AM 9: 03		
	a of Puninces	Mailing Address			SECRETARY OF STA	ATE OTO-A	
Principal Place of Business  9200 PONCE DE LEON BLVD-2ND FLOOR  CORAI, GABLES FL 33134 US							
Principal Place of Business     C/o RIS 201 S. Riscayne Blvd.		3. Mailing Address c/o RJS 201 S. Biscayne Blvd.		l.			
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc. Suite 1500			DO NOT WRITE IN TH	HIS SPACE	_
City & State Miami, Florida		City & State Miami, Florida		4.	FEI Number <b>65-0463880</b>		oplied For ot Applicable
Zip 33131	Country	Zip 33131	Country	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curren		Nam		Name and Address of New Registere	ed Agent	
3 <del>200</del> 2ND	<del>le, Jose</del> <del>) Ponce de Leon Blyd</del> <del>  Floor</del> <del>  Floor  </del>		Stree <b>201</b> City	t Address (P.O.  S. Biscayn  Miauri	Box Number is Not Acceptable) <b>E Blvd., Suite 1500</b>	Zip Cod	e 131
	CORPORATION COMPANY C	ior the purpose of changing its	registered office	e or registered a	gent, or both, in the State of Florida.		
9. This corpo	By Signature, upod or printed name of registered ager prattion is eligible to satisfy its Intangible requirement and elects to do so.	In India title if applicable. (NOT In India title if applicable. (NOT In India title if applicable.)    Itel	ne A. Lan E. Registered Agent si !!! FEE IS \$1! 000 Fee will be	dau, Assignature required when 50.00	t. Secretary 2/	/28/00 \$5.0	00 May Be d to Fees
9. This corpo	By Signature, typed or printed name of registered ager prattion is eligible to satisfy its Intangible requirement and elects to do so.	Lalain Intend title if applicable. (NOT le FILE NOW After MAY 1, 20 Make Check Payal	ne A. Lan E. Registered Agent si !!! FEE IS \$1! 000 Fee will be	dau, Assignature required when 50.00 \$550.00 ent of State	t. Secretary 2/prenstating) DAI  10. Election Campaign Financing	/28/00 □ \$5.0	d to Fees
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fearupry 18, 2000

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