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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Principal Place of Business  1320 SOUTH DIXIE HWY. SUITE 830 CORAL GABLES FL 33146  2 Principal Place of Business  3 Date Incorporated or Qualifies  3 Date Incorporated or Qualifies  6 Principal Place of Status Desired  4 FET Number  6 Election Campaign Financing Trust Fund Contribution  2 Principal Place of Status Desired  5 Certificate of Status Desired  6 Election Campaign Financing Trust Fund Contribution  8 This corporation has liability of Florida Statutes 1 Principal Place of Statutes 1 Principal Place of Status Desired  8 Principal Place of Business  8 Street Address (P.O. Box Number is Not Acception Business Not Ac	d <b>3a.</b> Date of Last Report <b>08/14/1995</b> Applied F  Not Appl
Principal Place of Business  1320 SOUTH DIXIE HWY. SUITE 830 CORAL GABLES FL 33146  2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Country 29 Country 29 Country 29 Country 29 Sign Agency	d <b>3a.</b> Date of Last Report <b>08/14/1995</b> Applied F  Not Appl
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City & State  City & State  City & State  28  Zip  Country  Zip  Country  25  29  30  Country  9. Name and Address of Current Registered Agent  BREIER, ROBERT G  1320 SOUTH DIXIE HWY.  SUITE 830  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This co-position has liability for the composition has li	<b>№ \$8.75</b> Addition
Trust Fund Contribution    Zip	
9. Name and Address of Current Registered Agent  BREIER, ROBERT G 1320 SOUTH DIXIE HWY. SUITE 830  Plorida Statutes I Y 10. Name and Address of Nev B1 Name B2 Street Address (F.O. Box Number is Not Accept B32 Street Address (F.O. Box Number is Not Accept B33	
9. Name and Address of Current Registered Agent  10. Name and Address of New B1 Name BREIER, ROBERT G 1320 SOUTH DIXIE HWY. SUITE 830  10. Name and Address of New B1 Name B2 Street Address (P.O. Box Number is Not Accept	
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1320 SOUTH DIXIE HWY. SUITE 830	
	table)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE.	
Signal use, typed or pented name of registrate and title disguistate.  ###################################	DATE
- Division	DEFICERS AND DIRECTORS IN 12 Change
NAME JOYCE, DIANNE 1.3 TILLE 1.3 TILLE 1.4 NAME	[] Olange [] No.
STREET ADDRESS 1300 BRICKELL AVE 2ND FLOOR 1.3 STREET ADDRESS	
CATY-ST-ZAP MIAMI FL 33134 14 CHY-ST-ZAP 14 CHY-ST-ZAP 2 TATLE	☐ Change ☐ Add
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COTY - \$1 - 20P	☐ Change ☐ Ad

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 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 13 if changed, or once attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY - \$1 - ZIP

SIGNATURE:

NAME

STREET ADDRESS

C11Y - S1 - ZIP

NAMÉ OF SIGNING OFFICER OR DIRECTOR

3.20 96 305.5362233