Phincipal Place of Business     Maling Address       Book Rest DUEDS STREET     Sees TOLEDS STREET       CORAL CABLES FL 33134     Sees TOLEDS STREET       Solide, Apl. #, elic.     21       Solide, Apl. #, elic.     22       City & State     City & State       21     City & State       20     Country       21     Country       22     City & State       23     City & State       24     Country       25     Country       26     Solide, Apl. #, elic.       27     Country       28     Country       29     Country       20     Country       20     Country       21     Zip       20     Country       29     Sole       20     Country       20     Country       21     Zip       22     Country       23     Sees TOLEDO STREET       24     Street Address of New Regit       30     Regit Address       31     Parme and Address of New Regit       32     Street Address (P.O. Box Number is Not Acceptable)       33     Street Address (P.O. Box Number is Not Acceptable)       34     City Astreet       35	ER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 06 1998 8:00am Secretary of State		
CORAL GABLES FL 33134     CORAL GABLES FL 33134     DO NOT WRITE IN       3. Principal Pace of Business     2a. Mailing Address     4. FEI Number       3. Principal Pace of Business     2a. Mailing Address     4. FEI Number       3. Suite, Apt #, etc.     27     Suite, Apt #, etc.     5. Certificate of Status Desired       2. Dite function     27     Country     8. Certificate of Status Desired       3. Dite function     27     Country     8. Election Campaign Financing       2. Dite function     28     30     Presonal Property Tax dou June 30       3. Name and Address of Current Registered Agent     30     Name and Address of New Registered Agent       3. Substance     30     9. Name and Address of Course of Provision and Status Desired       3. CORAL GABLES FL 33134     30     9. Name and Address of Course of Provision and Status Desired       3. Substance     31     10. Name and Address of Course of Provision and Status Desired       3. Substance     31     10. Name and Address of Course of Course of Course of Coord Provision and Status Desired       3. Substance     31     10. Name and Address of Course of Coord Provision and Status Desired       3. Substance     10. Name and Address of Course of Coord Provision and Status Desired       3. Substance     10. Name and Address of Coord Provision and Status Desired       3. Substand Dollar I fords Status Desired     10. Number is		éss			
Substance of Business     A FEI Number     Suite. Apt. #, etc.     Suite.					
2. Principal Place of Business       28. Maing Address       4. FEI Number         Suite, Apt. #, etc.       28. Suite, Apt. #, etc.       5. Conflicts of Status Desired         City & State       27. Suite, Apt. #, etc.       5. Conflicts of Status Desired         20       Country       29. Suite, Apt. #, etc.       5. Exection Campeign Financing         20       Country       Zip       0. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         30       9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         30       9. Name and Address of Socions 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the pup office or registered agent, or both, in the State of Florida. Statutes, the above named corporation bound of directors. I hereby accept the agent and accept the accept the adjustment of Socion 607 0505. Florida Statutes.       10. Name and Address TO OFFICE The adjustment of the adjustment of Socion 607 0505. Florida Statutes.         11       Corporation Socions boord of directors. I hereby accept the adjustment of the adjustment of the adjustment of Socion 607 0505. Florida Statutes.       111111         12       OFFICE Florida Statutes.       100110NSCHANGES TO OFFICE Florida Statutes.       12         13       CORAL GABLES FL 33134       131111       12       23         14       OFFICE			3. Date Incorporated or Qualified		
Suite, Apt #, etc.     27     Suite, Apt #, etc.     5. Certificate of Status Desired       City & State     21     Chi & State     5. Certificate of Status Desired       Zip     28     Chi & State     6. Election Campeign Financing       Zip     29     30     7. This Eroperation was on the paid the personal Property Tax due, ture 80       B. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       GUERRA, ERNESTO M     3885 TOLEDO STREET     28     Street Address (P.O. Box Number is Net Acceptable)       CORAL GABLES FL 33134     81     82       H. Pursuant to the provisions of Socions of Socions of Socions 607 DIGO and 607 ISG8 Floride Statutes. The above named conversion shoulds this statement for the paid of directors. I hereby accept the agent and accept the obligations of. Socion 607 CIGO and 607 DIGO and 607 CIGO Floride Statutes.       SIGNATUPE     91     Name       Bigmint I am familiar with, and accept the obligations of. Socion 607 CIGO Floride Statutes.     11 Title       I am familiar with, and accept the obligations of. Socion 607 CIGO Floride Statutes.     13. AcDUTIONS/CHANGES TO OFFICER       Bigmint I am familiar with, and accept the obligations of Socion 607 CIGO.     110 Floride Statutes.     210 Floride Statutes.       Bigmint I am familiar with, and accept the obligation of Socion 607 CIGO.     13. AcDUTIONS/CHANGES TO OFFICER     11111E       Bigmint I am famili	Principal Piace of Business 2a. Mailing Address				ed For
City & State       City & State       City & State       Election Campaign Financing         Zip       Country       Zip       Country       This corporation owes or has paid         Zip       Zip       Country       Paid       This corporation owes or has paid         B       Amme and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         GUERRA, ERNESTO M       Sees ToLEDO STREET       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         GUERRA, ERNESTO M       Sees ToLEDO STREET       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         GUERRA, ERNESTO M       Sees ToLEDO STREET       10. Name and Address (P.O. Box Number is Not Acceptable)         GONATURE       Sees ToLEDO STREET       10. Name and of directors. I hereby accept to agent and the Statutes Statutes Statutes Statutes State Address (P.O. Box Number is Not Acceptable)         SIGNATURE       OFTICERS AND DIRECTORS       Not Accept to adjust of State S	to Apl # ato		65-0486228	Not A	pplicable
Zip     Country     Zip     Country     Trust Fund Contribution     E       Zip     Zip     Country     8. This corporation owes or has paid the period of the contribution     E       B     as     Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       GUERRA, ERNESTO M     91     Name     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       GUERRA, ERNESTO M     92     Street Address (P.O. Box Number is Not Acceptable)       Address of Registered agent, or both, in the State of Froida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am rule agent. I am rule agent and marker agent			6. Certificate of Status Desired	\$8.75 Add Fee Requ	
Zip       Country       Zip       Country       Init corporation owes or has paid to personal Property Tax due June 30         0       e. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         GUERRA, ERNESTO M       51       Name and Address of New Registered Agent         GUERRA, ERNESTO M       51       Name and Address of New Registered Agent         GUERRA, ERNESTO M       51       Name and Address of New Registered Agent         CORAL GABLES FL 33134       51       Name and Address of New Registered Agent         10. Name and Address of New Registered Agent       51       Name and Address of New Registered Agent         11. Corport (Corporation Statutes)       52       Street Address (P.O. Box Number is Not Acceptable)         12. Or ropistered agent, or body, in the State of Florida. Such change was authorized by the corporation submits this statement for the purp accept the obligations of Socian 607 X505, Florida Statutes       Not: Regeneral Agent signature represent when revealing         13. Or rificer agent revealed when revealing       Not: Regeneral Agent signature represent agent ag				\$5.00 Ma Added to F	
			8. This corporation owes or has paid the current year Intangible		
GUERNA, ENRIEST OLEDO STREET CORAL GABLES FL 33134       82       Street Address (P.O. Box Number is Not Acceptable)         83       84       City         84       City       84         85       City       84         86       City       84         86       City       84         87       City       84         88       City       84         90       City       84         91       City       84         91       Miter Approximate approxi	Ţ		10. Name and Address of New Register		<u></u>
CORAL GABLES FL 33134	81				
1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purp agent. 1 am tamiliar with, and accept the obligations of. Section 607.0505, Florida Statutes.         Idea of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent with, and accept the obligations of. Section 607.0505, Florida Statutes.         Idea of the provisions of registered agent are state agent are state agent are state agent and the agentate.       (NOTE Registered Agent agent are state agent	82		s (P.O. Box Number is Not Acceptable)		
1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purp office or registered again, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Soction 607 0505, Florida Statutes. ISGNATURE Signature. Speaker printed neme diregament agent and the 4 agentative PMOTE Repetited Apent speaker reinteding) 1. ADDITIONS/CHANGES TO OFFICER THE AME GUERRA, ERNESTO M 1. TITLE AME GUERRA, ERNESTO M 1. Street ADDRESS TOLEDO STREET TIC. AME GUERRA, BEATRIZ 2. CORAL GABLES FL 33134 THE VSD CORAL GABLES FL 33134 THE ST.2P CORAL GABLES FL 33134 THE ST.2P THE ME THE ADDRESS THE ST.2P THE ADDRESS THE ST.2P THE ADDRESS THE ADDRESS THE ST.2P THE ADDRESS THE ST.2P	83				
Signature. Agend or perinder name of reginational agend and blie A agend and blie A agend	84			FL 85 Zip Cod	de
SIGNATURE         Signature. typed or period name of reginated agent and thin 4 agent and thin 4 agent adent agent ag	above-r	lorida Statutes, the hange was authori	ation submits this statement for the purpo 's board of directors. I hereby accept the	se of changing its re appointment as rec	gistered sistered
International and the second secon				ATE	
AWAE GUERRA, ERNESTO M 12 NAME 12 NAME 13 STREET ADDRESS 3665 TOLEDO STREET 1,3 STREET ADDRESS CORAL GABLES FL 33134 14 CITY-ST-ZIP 14 CITY-ST-ZIP 22 NAME 22 NAME 23 865 TOLEDO STREET 2,3 STREET ADDRESS 265 TOLEDO STREET 2,3 STREET ADDRESS 1,1 2,2 STREET ADDRESS 1,1 3,2 STREET ADDRESS 1,1 3,2 STREET ADDRESS 1,1 3,2 STREET ADDRESS 1,1 3,2 STREET ADDRESS 1,1 4,2 STRE		1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS I	
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		l l l l l l l l l l l l l l l l l l l			
6.4 City-st-zip					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furt 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 ma	xemptic	not qualify for the e	ction 119.07(3)(i), Florida Statutes. I furth shall have the same legal effect as if mad	er certify that the infe le under oath: that I	ormation am an
officer or director of the opportion of the receiver or trustee empowered to execute this report as required by Chapter 607, Elorida Statutes; and Block 12 or Block 13 if changes of an attachment with an address. SIGNATURE:	this re	powered to execute dress.	ed by Chapter 607, Elorida Statutes; and t	hat my name appea	irs in