

FILED
Sep 05 1997 8:00am
Secretary of State

Principal Place of Business	Mailing Address
1635 S.E. 17th Street	1635 S.E. 17th Street
Suite 201	Suite 201
Ft. Lauderdale, FL 33316	Ft. Lauderdale, FL 33316

3. Date Incorporated or Qualified 08/02/94		5a. Date of Last Report	
4. FEI Number 65-D509706		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ☐ Yes ☐ No			

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

B. Name and Address of Current Registered Agent

Hoberman, Jennifer Mae
3530 Mystic Pointe Drive
Suite 2211
Miami, FL 33180

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **NOTE:** (If a third Agent signature required when retreating) _____ **DATE** _____

Signature, typed or printed name of retreating agent and title if applicable

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D	☐ Change	☐ Addition
12 NAME	Pinniger, Ian R.		
13 STREET ADDRESS	3 La Grange Martin		
14 CITY, ST, ZIP	St. Martin, Jersey CI		

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

21 TITLE	D P	☐ Change	☐ Addition
22 NAME	Hornbacher, Richard		
23 STREET ADDRESS	1535 S.E. 17th Street, Suite 201		
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33316		

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	☐ DELETE

1 TITLE	1 S	☐ Design	☐ Address:
2 NAME	Callejas, Sergio		
3 STREET ADDRESS	1535 S.E. 17th Street, Suite 201		
4 CITY ST-ZIP	Ft. Lauderdale, FL 33316		
5 PHONE	☐ Change	☐ Address:	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE

4.1 TITLE	☐ Change ☐ Admin
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Admin

NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	☐ DELETE

02 NAME
03 STREET ADDRESS
04 CITY-ST-ZIP
05 TITLE

☐ Change ☐ Add

YE
9.5

NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

14. I do hereby certify that the information supplied with this filing does not contain information indicated on this annual report or supplemental annual report.

82 NAME _____
83 STREET ADDRESS _____
84 CITY ST ZIP _____

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
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 I am my name appears in Block 12 or Block 13 I changed/ or on an attachment with an address.

SIGNATURE: SERGIO CALLEJAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SERGIO CALLEJAS

Date _____ Daytime Phone # (954) 524-9005

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