SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



Sep 19 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

	1997	Secretary DIVISION OF CO		Secreta	ary of State
DOCUI 1. Corporation		0070580 (3) DES, INC.		 	8.111. 8.6111 1.8821 8.8161 81161 1611) \$611 (8.81
Principal Place	A Af Business	Mailing Address			
5433 NW 72ND AVENUE 5433 NW 72ND AVEI Miami Fl 33166 Miami Fl 33166		5433 NW 72ND AVENUE Miami FL 3 3166			
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report	
				09/26/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEt Number	09/25/1996 Applied For
21 2		26	<u></u>	65-0527583	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} - 1		\$8.75 Additional Fee Required
City & State	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25 9. Name and Address of Currer		10	Personal Property Tax due June 10. Name and Address of New Re	
MO	UTTET, MARGARET	II Hehisteten Whenr	81 Name	10, riame and Address of New m	adisteled whellt
	3 NW 72ND AVENUE			(C.O. D. Allerdon to blot Assente	
	MI FL 33166		82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
**	WIII 1 16 40.00		83	,***	
			84 City	WALL CONTRACTOR OF THE PARTY OF	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	Signature, typed or printed name of registered age		Rogistered Agent signature requir		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TAILE		☐ Change ☐ Addition
NAME	MOUTTET, MARGARET 5433 NW 72ND AVENUE		1.2 NAME		
STREET ADDRESS	MIAMI FL 33166		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY+ST-ZIP 2 1 TITLE		Change Addition
NAME	MOUTTET, PAUL		2.2 NAME		• _
STREET ADDRESS	5433 NW 72ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166	The state	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Acidition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-St-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	÷ •	
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME		L. Detert	5.1 TITLE 5.2 NAME		☐ Cudule ☐ Vindulou
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	e ·		5.4 City-St-ZiP	·	
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME	*		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
				in Section 119.07(3)(i), Florida Statute	
Information	n indicated on this africual reportior s	supplemental annual report is true the receiver of trustee empower	e and accurate and that ed to execute this repor	my signature shall have the same legate as required by Chapter 607, Florida	al effect as if made under oath: that I