FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 28, 2002 8:00 am Secretary of State

DOCUMENT # PO40 1. Entity Name CORNELL INTER	DOOTIBE NATIONAL IN	ic.	Secretary of \$\ 03-28-2002 90004 016 **	
DO NOT WRITE IN THIS SPACE			427785	
2. Principal Place of Business + L St. 431 NE 94+L St. Suite, Apt. #, etc.	3. Mailing Address 431 NE 9 Suite, Apt. #, etc.	4th st.	DO NOT WRITE IN THIS SPACE	
MIAMISHORES, FLA	City & State Shaze	E, FLA		Applied For Not Applicable 75 Additional
33138 U.S.A. DO NOT W	/RITE	Name JER	Name and Address of Current Registered Age	Required ont
IN THIS SI		431 NE	SFOILES FL	Zip Code 33/38
8. The above named entity submits this statement is SIGNATURE Signature, typed or printed name of registered agents.		stered Office or registered a		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended L Make Check Payable		Fee is \$150.00 ee is \$550.00 BR is \$61.25 Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE P JERRY S. CONTINUE PARTE AND NE 944 STREET ADDRESS MIAMI SHOPES	RUELL St St 72120	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
nitle Name Street address City-St-Zip		TITLE NAME STREET ADDRESS CITY-SY-ZIP		
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itle Name Street address City-St-Zip		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP) 	TITLE NAME STREET ADORESS CITY-ST-ZIP		
13. I hereby certify that the information supplied wit indicated on this eport or supplemental report of the corporation or the receiver of trustee an attachment with an address, with all other like great	h this filing does not qualify for the c is true and accurate and that my sig powered to execute this report as i mpowered.	exemption stated in Section gnature shall have the same required by Chapter 607, F	n 119.07(3)(i), Florida Statutes. I further certify that e legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in Bl	at the information officer or director ock 11 or on an