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	PLICATION FOR ISTATEM	11	本程: ************************************	•	DA DEPARTME  Jim Smith  Secretary of S  DIVISION OF CORPO	h State	ATE -	FII	LED	WHILE IN THIS	) OFAUE			
				her Side Belore f	Making Entries	j Entries -		97 FEB 14 AMM: 10						
1. Name i	Mak and Mailing Addre				ment of State	0002870	2. [[ /	Apdress In 8	Block j is	incornett in	any way	, enter the corre	ect	
	Agrinve 27200 S			<b>3</b>		by	2. If Address in Block 1 is irrobried in any way, enter the correct address below. The NAME of the corporation can be changed only by tiling an amenument.							
	Homeste					Addre	Address							
er et e						Addre	Address							
									City and State					
	:				2			Zip Code						
3. Date In	corporated or Qua Business in Fjorid	alified	<del></del>	4. FEI Nun	nber		FEI Number	r Applied For	5.	\$8.75	Addition	nal Fee required		
				65-05	66958		<del> </del>	r Not Applica				ite of Status 'US DESIRED		
6. Names	and Street Addres		Each Officer a	nd/or Director		reet Address o	! Each						$\dashv$	
Title 1	2		/or Directors		1 0	fficer and/or D	r Director ice Box Numbers)		·	City and State		e	_	
D/P	Agusto De Lucca				27200 S.	th Ave	Avenue Homestead, FL 33			33031				
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									**	**915.0		!>001 ⊮**915.00		
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	f	_ <del>-;</del>	·	<u> </u>	1.		EINIC	TAT	CARE	:AIT	9-	2/19/	$\mathcal{L}_{\mathbf{I}}^{\prime}$	
							INSTATEMENTO 7 Name and Address of New Registered Agent and/or Office							
	REGIS	TERE	D AGENT I	NFORMATIO	N	Name	B. Name an	nd Address o	I New Het	disteled Ageni	and/or (	Office	$\dashv$	
	7. Name	and Ad	dress of Curre	nt Registered Age	ent		O De Lucca Do NOT Use P.O. Box Number)							
	o Quarr		th Aver	we. Sui	te 2D	200 S.W	S.W. 157th Avenue							
10651 S.W. 108th Avenue, Suit Miami, Florida 33176					CC 20	•	tead, Florida 33031					Į.		
j	!					City and St		1		FL	Žiş	)		
Signature o	of 444	stared	agent of the at	pove named corp	oration, am familiar wi	th and accept t	he obligations	of Section 6		2///	10	1		
Registered	Agent			REGISTERED A	GENT MUST SIGN		<del></del>		Date		-/-/	·	긔	
10. If t	his corpora	ation	is a non	profit with	I.R.S. 501(c)	(3) tax e	kempt sta	atus, ch	eck th	is box [	add	See other side to litional informatio	n.)	
11. Do	es this co	rpora	ation pay under S	any intan 3. 199.032	gible tax to th , Florida Stat	ne tutes. Y	′es ☑	No 🗌		(See other on in	side for li tangible t			
12. I certily	y that I am an offi	cer or d	irector or the r	eceiver or trustee	empowered to execu- een eliminated, the co- indicated on this app	te this applicat	ion as provider satisfies the re and accurate.	d for in chap equirements and my slo	ter 607 or of section nature sha	617, F.S. 1 fu 607.0401 or 6 all have the sa	irther cer 617.0401 ame leos	tilly that when filling F.S., and that it effect as if med	ng ali de	
under s Signature c	oath.	Dol	dlu			Date 2//	1/97				J	78-7225	- 1	
Officer or D Typed or p	rinted name of sig	ining off	licer or director				<del></del>	- wysilli					_	