FIL	E NOW: FIL	ING FEE A	FTER M	AY 1 I	S \$225	5.00 .	APPROVED	0 of a
	PROFIT RPORATION		FLOI		RTMENT OF		AND	
	JAL REPORT				B Mortham ary of State		FILED	
	1996		DI	VISION OF	CORPORAT	HONS	97 JUL 11 AM 10: 13	
DOCU	MENT # F	9500000	भग		(h , , ,	,		
1. Corporation	n Name . M A ,	NUEL	BER!	von	" Co.	rp	SECRETARY OF STATE TALLAHASSEE, FLORIDA	4
	11/1/		,- ,			•		
Principal Place	e of Business		Mailing Addr	oce				
		- 6 Am Az	-			^ '		
•		Paton 1	CA 3	V QC	Suite	6-142		
	Decor V	aton 1	1 38	5776		• / / / -	3. Date Incorporated or Qualified 3a. Date 1/22/P.	ale of Last Heport
	lace of Business		2a. Mailing A	ddress			4. FEI Number	Applied For
Suile, Apt.	#. etc		Suite, Apl	l. #, etc.		- · 	65-0558362	Not Applicable \$8.75 Additional
22 City & State			27				5. Certificate of Status Desired	Fee Required
23	<i>3</i>		City & Sla	ile			6. Election Campaign Financing 3 rust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	25 Co.	intry	Zip		Counti	ry	This corporation has liability for intangib Florida Statutes Yes No.	
	9. Name and Ad	dress of Current Re					10. Name and Address of New Registered	
1	no u PRA	Y She Valuation	Tout		8			
,	2000	7 3000	0 100	/	82		ress (P.O. Box Number is Not Acceptable)	
*	R	D'o Fra		33432	83	3		
٠	Aloca	1 47 04		~ ~) 	84	4 City	F	85 Zip Code
office of re	egi ste red agent, or b	ioth, in the State of E	Iorida Such ch	nande was i	authorized b	by the corporat	poration submits this statement for the purpose ion's board of directors. Thereby accept the ap	of changing its registered
agent. I an SIGNATURE	m f a miliar with, and a	accept the obligation	s of, Section 6	07.0505, FI	orida Statute	es.	, ,	
	Signature typed or printed r	OFFICERS AND DI		(NOT	Fregislared Ag	gent signalure requir	ed when reinstating) DA*E ADDITIONS/CHANGES TO OF FICERS AN	ND DIRECTORS IN 12
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STREET ADDRESS CITY-ST-ZIP					4.3 STREE 4.4 CITY -:	1 ADDRESS ST-ZIP]
TITLE	**************************************			DELETE	5 1 TITLE			Change Addition
NAME STREET ADDRESS					5.2 NAME 5.3 STREET	T ADDRESS		
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TITLE NAME				DELETE	6 1 TITLE 62 NAME			[Change Addition
STREET ADDRESS						I ADDRESS	41	7/11/97
City-St-ZiP	v certify that the into	mation supplied with	n this filing is v	oluntarily fo	640ITY-	I does not qual	lify for the exemption stated in Section 119.07(3	3)(k) Higrida Statutos
further cert made unde	ify that the information on the court of the	on indicated on the officer or director of	spaual report of the corporation	or supplement or the rec	ental annual eiver or trus	report is true a tee empowere	inly for the exemption stated in Section 119,07(; and accurate and that my signature shall have d to execute this report as required by Chapte	the same legal effect as if r 607, Florida Statutes: and
	. //	Typer Block 13/1/Ch	ariged, or on a	in altachme	ent with an a	ddress.	1 . 1.	
SIGNATI		URE AND TYPED OR PRIN	TED NAME OF RIGH	NING DEFICED	OR DIRECTOR		5/22/197	Dayline Phone #
							Leave.	

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

ANNUAL REPORT 1997	Sandra B. Secretary DIVISION OF CO	of State		
DOCUMENT # P95 1. Corporation Name MANUE	000007411 L BERNAN COX	P		
Principal Place of Business 5030 Cham Aos a Patom Fi	Pron Alva Sa	iTE 6-142_		
her Month	93 V/V		3. Date Incorporated/or Qualified	3a. Date of Last Report
. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65 - 055 8362	Applied For
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
7:-	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Z _I p	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032. Yes No
_	Current Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
MURRAY ShEZ	FON on Pr. 120 2-54 V J. 3.3433	O) Charle	(D O D N N)	1-3
7648 W. DALEIN	m Pu RN 2-508	82 Street Add	fress (P.O. Box Number is Not Acceptab	·····
Rose Rodua	1 Kd 2 2428	83		
BOCK MUTTON	V V 12 7733	84 City		FL 85 Zip Code
office or registered agent or both in the	lie State of Florida. Such change was au	thorized by the corpora	poration submits this statement for the pution's board of directors. Thereby accept	urpose or changing its registered of the appointment as registered
office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE Signature typed or proted name of registers.	tie State of Florida Such change was au ne obligations of, Section 607.0505, Flor estered agent and title if applicable (NOTE	Ilhorized by the corpora ida Statutes. Registered Agent signature requ	ition's board of directors. I hereby accep	ot the appointment as registered
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