FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000012487

FILED Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90428 030 ***150.00

Superior Printing C	o. Di PalM CO	0 057		
DO NOT WRITE I	637171			
2. Principal Place of Business 25 Palm Harber Village Way	. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. ≢, etc.		DO NOT WRITE IN TH	IS SPACE
City & State	City & State		4. FEI Number	Applied For
Zip Country	ast fl		59-3296392	Not Applicable
32137 USA	Zip Count	ıy	5. Certificate of Status Desired	\$8.75 Additional Fee Required
the second second			7. Name and Address of Current Registe	
DO NOT WR	ITE	Name Ince		
		Street Address (P	P.O. Box Number is Not Acceptable)	044
IN THIS SPA	CE	Suite 5B		
		City Palm	COast F	L Zip Code 37
8. The above named entity submits this statement for the	purpose of changing its registere	d office or registere		-130131
SIGNATURE LL LA Badi:	V1 0-	TU DY		
Signature, typed or prested name or realistered eacht and till	o if applicable. (NOTE, Registered	Agent signature required w	troller × 4-12-	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - May 1 Fe After May 1, Fee is Amended UBR is Make Check Payable to De	\$550.00 \$61.25	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRE				
NAME VIOCENTA DE LA	TITLE			
JULY COURTS TRANSLA	SIREE.	ADDRESS		
TITLE PAIM COAST FL 32		T-ZIF		
NAME	TITLE			
STREET ADDRESS CITY-ST-ZIP		ANDRESS		
ипе	CITY-S	1-26		
NAMESTREET ADDRESS	NAME		دار بىدا ئارىدى <u>ت ئاسىلىدى ئارىدى دارىدى دارىدى دارىدى ئارىدى دارىدى ئارىدى دارىدى ئارىدى ئارىدى ئارىدى ئارىدى ئ</u>	• = .
CITY-ST-7IP	STREET CITY-S	ADDRESS L-7/P	DO NOT WR	ITE
TITLE .	TITLE			
NAME STREET ADDRESS	NAME		IN THIS SPA	CE
City-S1-ZIP	STREET CHY-S	ADDRESS I-ZIP		
DTLE	TITLE			
NAME STREET ADDRESS	NAME			
CITY-SF-7IP	STREET CITY-ST	ADDRESS - ZIP		
INTE	TITLE			
NAME STREET ADDRESS	NAME	upopece .		
CITY-ST-ZIP	STREET /	-ZIP		
13. Thereby certify that the information supplied with this fill indicated on this report or supplemental report is true a	ing does not qualify for the exemp	ition stated in Section	on 119.07(3)(i). Florida Statutes, I further ce	Rify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED	L: Vincent A. Bordieri	¥ 4-12-02	_386-445-140
	THE TANKE OF SIGNAM OFFICER OR DIRECTOR	Date	Daytime Phone 4