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| | NSTITU | IE, INC. | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | 1 108 17981 119 10101 01111 08111 01 | III Ba ife Baid e (1991 | 18411 18 <i>8</i> 11 8 | (B) |
| | 15945 44 STRE LOXAHATCHEE | | | 15945 44 Loxahat | STREET CHEE FL 33470 | | | | 1 20 Date | aft ant Do | |
| | | | | | | | | 3. Date Incorporated or Qualifie 03/10/1995 | d 3a. Date | or Last He | port |
| 2. | Principal Plac | e of Business | | 2a. Mailing | Address | | | 4. FEI Number | | A | pplied For |
| 21 | | | | 26 | | | | 65-0577670 | ٥ | | lot Applicable |
| 22 | Suite, Apt. #, | , etc. | | 27 | Apt. #, etc. | | ., | 5. Certificate of Status Desired | | Fee R | Additional lequired |
| | City & State | | | City & 5 | State | | | Election Campaign Financing Trust Fund Contribution | | | May Be i to Fees |
| 23 | Zip | | Country | Zip | | Country | | 8. This corporation has liability f | | | |
| 24 | L <u> </u> | 25 |] | 29 | | 30 | | | ′es □No | • | |
| | | 9. Name an | d Address of Curre | ent Registered A | gent | 81 | Name. | 10. Name and Address of Nev | v Registered A | gent | |
| | | | | | | | Nex | my Caesan | | | |
| | AMERILA 343 ALME | | | | | 82 | Street Addr | ress (P.O. Box Number is Not Accep | table) | | |
| | • • • • | ERIA AVE. EABLES FL 3 | 2124 | | | 83 | | ., ., ., ., ., | | | |
| | CONTRACTO | MDLLO I L O | 0104 | | | 84 | City | | | 85 Zip | Code |
| | | | | | | 1 1 | LBK6 | habslee | <u>FL</u> | 3 | Code 3470 |
| 11 | Pursuant to or registere | the provisions | of Sections 607.050 | 02 and 607.1508, Irida, Such change | Florida Statutes, was authorized | the above-naby the corpo | amed corpor ration's boa | ration submits this statement for the rd of directors. I hereby accept the a | purpose of char ppointment a s r | nging its re registered | gistered office : agent. I am |
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| 1 - | familiar with | n, and accept t | he obligations of, Sei | ction 607.0505, Fl | lorida Statutes. | | | | 11/2- | , | |
| SI | IGNATURE | 8/cemar | 3 Chin | | | | | d when rainstahing) | 4/22 | 194_ | |
| 12 | ignatures | 8/cemar | rinted name of registered age | | | | | | OFFICERS AND | 74 DIRECTOR | RS IN 12 |
| 12 | ignatures | 8/cemar | rinted name of registered age | ont and title if applicable. ND DIRECTORS | | Registered Agent 13. 1.1 TITLE | | d when rainstahing) | OFFICERS AND | 194_ | |
| 12 | IGNATURE | P CARSON, | OFFICERS A | ont and title if applicable. ND DIRECTORS | NOTE | Registered Agent 13. 1. 1 TITLE 1.2 NAME | signature require | d when rainstahing) | OFFICERS AND | 74 DIRECTOR | RS IN 12 |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: JOHNAN CALLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone ≱

CR2E034 (12/95)