DVP	2002 UI	NIFORM BUSI	NE22 KELO	KI (	UBK)	·	4 4	,		
Principal Place of Rusiness  Mailing Address  100 St 290 STREET 28TH ROOR  MAME R. 31931  A Mailing Address  Sure, Apr. 4, etc.  Sure, Apr. 4, etc.  City & State  City & State  City & State  City & State  Country  Country  Sure Address of Current Registered Agent  Name  1, Name and Address of New Registered Agent  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Name  1, Name and Address of New Registered Agent  Na	1. Entity Name						FILED . A			
2P Principal Place of Business  Suice, Apt. 4, etc.  Suice, Apt. 4, etc.  City & State						02 #	PR 24 AM 9	10		
2. Principal Place of Business   3. Mailing Address   Suite, Apt. #. etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   A. FEI Number   65-0578932   Applied for   Not Applied f	100 SE 2ND STREET 100 SE 2ND STREET					SE TALI	Dretary of St Jahasgee, Flo	ATE RID <b>A</b>		
2. Pericipal Proce of Business  Suite, Apt. 4, etc.  DO NOT Writt EIN THIS SPACE  City, & State  City, & State  City, & State  Country  Country  City & State  Country  Countr			MIAMI FL 33131						11 110 11 <b>11</b>	
City & Stato  Ci	2. Principal Place of	Business	3. Mailing Address			<b></b>	<b>ii.</b> ii <b>ii ii ii</b> ii			
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Cartificate of Status Desired  Sa.75 Additional Fau Required  Sa. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  KTG&S REGISTERED AGENT CORPORATION  100 SE 2ND STREET  28TH FLOOR  MAM FL 33131  City  FL  Zip Code  City  FL  Zi				<del></del>			DO NOT WRITE	E IN THIS S	PACE	
Size   Country   Size			City & State	<u>.</u>		4. FFI Numl	per		Ap	plied For
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET 2DT FLOOR  MAM FL 33131  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signation, had or present raise of vipalised agent and title if agridicable. (NOTE Registered Agent dipress expert dipresses agent, or both, in the State of Florida.  SIGNATURE  Signation, had or present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had or present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had or present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had or present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had of present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had of present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had of present raise of vipalised agent and title if agridicable. (NOTE Registered Agent, or both, in the State of Florida.  SIGNATURE  Signation, had of present raise of vipalised agent and title if agridicable. (NOTE Registered Agent). OATE  Signature agent	City & State		•			44 1 21 1401111	65-0578932		No	t Applicable
KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND STREET 28TH FLOOR MIAMI FL 33131  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, forced or period have or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, forced or period have or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, forced or period have or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATUR	Zip	Country	Zip	Countr	y			F	ee Require	
100 SE 2ND STREET 28TH FLOOR MIAMI FL 33131  City FL Zip Code  Cit	6. 1	Name and Address of Current R	egistered Agent		Name	7. Name an	d Address of New Re	gistered A	gent	<u> </u>
28TH FLOOR MAMI FL 33131  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature typed or printed name of registered agent are 100 ft application.  (NOTE: Registered Agent signature required when refinalization)  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  TITE  DVP  AADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  TITE  DVP  RASH, H S  100 SE 2ND ST., 28 FLOOR  MAMI FL 33131  Delete  TITLE  DVP  RASH, H S  100 SE 2ND ST., 28 FLOOR  MAMI FL 33131  Delete  TITLE  VP  GOODSTONE, DEBRA W  100 SE 2ND ST., 28 FLOOR  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  NAME  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  DELETE ADDRESS  CITY-ST-2P  ADDITIONS	KTG&S REGISTERED AGENT CORPORATION				Street Addr	ress (P.O. Box Num	ber is Not Acceptable)	<u></u>	<del></del>	
MIAMI FL 33131  City		TREET		-	<u></u>				. <u>-</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature. The signature throughout agent and the ill applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIFFECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS  11. OFFICERS AND DIFFECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN THE NAME STREET ADDRESS OITY-51-7P  10. SE 2ND ST., 28 FLOOR MIAMI FL 33131  TITLE  10. SE 2ND ST., 28 FLOOR STREET ADDRESS OITY-51-7P  10. SE 2ND ST., 28 FLOOR ST., 28 FLOOR STREET ADDRESS OITY-51-7P  10. SE 2ND ST., 28 FLOOR ST., 28		1		}	City	<u> </u>	,	FI	Zip Cod	e
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  KOSNITZKY, MICHAEL  100 SE 2ND ST., 28 FLOOR  MIAMIF I. 33131  111. OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  111. OFFICERS AND DIRECTORS IN 12  Addition  111. OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  111. OFFICERS AND DIRECTORS IN 12  CITY-S1-2IP  111. OFFICERS AND DIRECTORS IN 12  Addition  111. OFFICERS AND DIRECTORS IN 12  Addition  111. OFFICERS AND DIRECTORS IN 12  CITY-S1-2IP  111. OFFICERS AND DIRECTORS IN 11  112. OFFICERS AND DIRECTORS IN 11  113. OFFICERS AND DIRECTORS IN 11  114. MAME  115. OFFICERS AND DIRECTORS IN 11  116. DIVENTIFY AND OFFICERS AND DIRECTORS IN 11  117. OFFICERS AND DIRECTORS IN 11  118. OFFICERS AND DIRECTORS IN 11  119. OFFICERS AND DIRECTORS IN 11  110. Election Campaign Financing  110. Election Campaign Financing  111. OFFICERS AND DIRECTORS IN 11  112. OFFICERS AND DIRECTORS IN 11  113. OFFICERS AND DIRECTORS IN 11  114. MAME  115. OFFICERS AND DIRECTORS IN 11  116. OFFICERS AND DIRECTORS IN 11  117. OFFICERS AND DIRECTORS IN 11  118. OFFICERS AND DI	The above name:	d entity submits this statement for	the purpose of changing its	reaisterea	d office or re	gistered agent, or b	oth, in the State of Flo			<del></del>
Signatus, byted or prince name of registered agents and steel applicable. (NOTE Registered Agent signature required when it remainly)  9. This corporation is eligible to satisfy its Intangible     Tax filling requirement and elects to do so.     (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE     (SONITZKY, MICHAEL     100 SE 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     CITY-ST-ZIP     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131      MAMIF L 33131      DO SE 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     DVP     MAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131      DO SE 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     MIAMIF L 33131  TITLE     NAME     STREET ADDRESS     TOS E 2ND ST., 28 FLOOR     STREET ADDRESS     TOS E 2ND	6. The above hames	d entity addition this statement for	and parpoon or origing no	rog otoro		g				i
9. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back)   After May 1, 2002 Fee will be \$550.00   After May 1, 2002 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees Added	SIGNATURE	re, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	Agent signature r	equired when reinstating)	<del> </del>	DATE		
Tax filing requirement and elects to do so. (See criteria on back)    Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees			-		<del></del>		Insting Compaign Fig.	ncina		10 May Da
11.	Tax filing requirer	ement and elects to do so.	After May 1, 200	02 Fee w	vill be \$550	.00 T				
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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 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 11 or Block 12 if changed, or on an attachment with an address. With all other like empowered.

APRINTED NAME OF STORMAC OF FLOOR OF CRESTOR L

305-539-8400 Daytime Phone #