COF	PROFIT RPORATION UAL REPORT 1997	FLORIDA DEPAR Sandra B. Secretary	\$550.00 TMENT OF STATE Mortham y of State ORPORATIONS	May 12 1	LED 997 8:00a ry of State
PRIMAV	MENT # P95000	Malling Address	:		
30 South M Iey Biscayn	IASHTA DRIVE E FL 33149	630 SOUTH MASHTA DRIVI Key biscayne fl 33149-1			
				3. Date Incorporated or Qualified 04/07/1995	3a. Date of Last Report 08/01/1996
 Principal F 	Place of Business	2a. Mailing Address 26		4. FEI Number APPLIED FOR 65-03	Applied For Not Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	to	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
]		28		Trust Fund Contribution	Added to Fees
Zip*	Country 25	Zip . 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Curre			10. Name and Address of New Re	
	Tierrez V, Hernando)1 NW 25 ST #600		81 Name		
	MI FL 33122		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
			83		,,,,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•			84 City	<u></u>	FL 85 Zip Code
 office or 	registered agent, or both, in the State	of Florida. Such change was a	es, the above-named cor uthorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accept	ourpose of changing its registere of the appointment as registered
SIGNATURE	Signature typed of printed name of registered eg OFFICERS AN	ent and little if applicable (NOTE ID DIRECTORS	: Registered Agent signature requ 13.	rporation submits this statement for the p ation's board of directors. I hereby accep dred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
BIGNATURE	Squadure typing of princed name of registered ag OFFICERS AN	ent and little if applicable (NOTE	: Registered Agent signature requ	Jred when reinstating)	DATE
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