	ROFIT PORATION AL REPORT			Sandra B	TMENT OF STATE . Mortnam y of State		
	996	500 31	<u> </u>	DIVISION OF C	ORPORATIONS		
DOCUN 1. Corporation I	1ENT # Name	P9500	0038	003 (6)			
ALAN B	. SEIF, CPA,	P.A.				) 1881/1891 (A) 1888 ( B) 1880 ( B) 18	Biri <b>benga</b> maki kanya <b>ba</b> rin <b>haiko</b> mini 1 <b>03</b> 6
Principal Place	of Business		Mailing	) Address			
	rd Street, Suiti Beach FL 33162	E 4		n.e. 163RD Stree Ih Miami Beach F		3. Date Incorporated or Qualified	3a. Date of Last Report
2, Principal Pta	ce of Business		2a Mai	iling Address		05/12/1995	Applied For
1			26			65-0580 92	O Not Applicat
Suite, Apt #.	, etc		27	te. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City	y & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	25	ountry	7 p	·	Country 30	8. This corporation has liability for Elorida Statutes	
		ddress of Curre		d Agent	81 Name	10. Name and Address of New Re	gistered Agent
	0 n.e. 163RD ( RTH MIAMI BE/	STREET, SUITE ACH FL 33162	4		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptab	
NOI  11. Pursuant to office or regagent. Fam. SIGNATURE.	RTH MIAMI BE/ o the provisions o gistered agent o i familiar with an	Sections 607 050 both, in the State diaccept the oblig	02 and 607.19 of Florida S ations of, Sec	uch change was a stion 607.0505, Flo	83 84 City es, the above named corporate outhorized by the corporate output of the corporate output	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code
NOI  11. Pursuant to office or regagent. Fam SIGNATURE 5	o the provisions o gistered agent o i familiar with an	Sections 607 050 both, in the State diaccept the oblig	02 and 607.19 of Florida S ations of, Sec estand the dapp	uch change was a stion 607.0505, Flo icatie (NO)	83 84 City es, the above named corporation Statules £ flegicined Agent agradumings 13.	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE  CERS AND DIRECTORS IN 12
NOI  11. Pursuant to office or repagent. Fan SIGNATURE.  12.	o the provisions of gistered agent of lamiliar with an D SEIF, ALAN	Sections 607.050 Sections 607.050 both, in the State of accept the oblig	02 and 607.11 of Florida S attions of, Sec entand the dappe (ID DIRECTO)	uch change was a stion 607.0505, Flo	84 City  as, the above named corporation Statutes  Effectived Agent agrance required.	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE  CERS AND DIRECTORS IN 12
NOI  11. Pursuant to office or reagent. Lan SIGNATURE	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a stion 607.0505, Flo icatie (NO)	83 84 Oity es, the above named corporation Statutes  E frequency Agent agraduals agent agraduals	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE  CERS AND DIRECTORS IN 12
NOI  11. Pursuant to office or reagent 1 an SIGNATURE	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607.050 Sections 607.050 both, in the State of accept the oblig	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a stion 607.0505, Flo icatie (NO)	83 84 City us, the above named corporation Statutes  Effective Agent agranus required 13.  11 T.TLE 12 NAME	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE  CERS AND DIRECTORS IN 12
NOI  11. Pursuant to office or repagent 1 am SIGNATURE  12. THE NAME  STREET ADDRESS CITY - ST - ZIP TITLE NAME	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a chon 607.0505, Flo	83 84 City es, the above named corporation of the c	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE CERS AND DIRECTORS IN 12 Change Addit.
NOI  11. Pursuant to office or repagent 1 am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a chon 607.0505, Flo	83  84 City  85, the above named corporation of the	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  CERS AND DIRECTORS IN 12 Change Addit Addit
NOI  11. Pursuant to office or repagent 1 am SIGNATURE  12. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE TIFLE	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a chon 607.0505, Flo	83  84 City  25, the above named corporation and statutes  Elfogramed Agent agradium right of the corporation of the corporatio	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered. The appointment as registered.  DATE CERS AND DIRECTORS IN 12 Change Addit.
NOI  11. Pursuant to office or repagent 1 am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a chon 607.0505, Flo	83  84 City  85, the above named corporation of the	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  CERS AND DIRECTORS IN 12 Change Addit Addit
NOI  11. Pursuant to office or regagent 1 am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a chon 607.0505, Flo	83  84 City  25, the above named corrunal statutes  E. Regulated Agent agradum right of the corporation of t	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  CERS AND DIRECTORS IN 12 Change Addit Addit
NOI  11. Pursuant to office or regagent 1 am  SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig of the CERS AND STREET, \$38RD STREET,	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a ction 607.0505, Flo tentio (N2) RS DELETE DELETE	83  84 City  25, the above named corporation and Statutes  Elfogreed Agent agration required Statutes  13.  11 T.T.E  12 NAME  1.3 STHEET ADDRESS  1.4 City - ST - Zi <sup>0</sup> 2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 City - ST - ZP	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  text  CERS AND DIRECTORS IN 12  Change Addit  Change Addit
NOI  11. Pursuant to office or reagent 1 am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a ction 607.0505, Flo tentio (N2) RS DELETE DELETE	83  84 City  25, the above named corporation and Statutes  E Reported Agent agrantic report of the corporation of the corporati	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  text  CERS AND DIRECTORS IN 12  Change Addit  Change Addit
NOI  11. Pursuant to office or repagent 1 am  SIGNATURE  12.  11LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	uch change was a ction 607.0505, Flo tentio (N2) RS DELETE DELETE	83  84 City  25, the above named corporation and statutes  E fleepined Agent agrantic requirion Statutes  E fleepined Agent agrantic requirion Statutes  13.  11 T.T.E  1.2 NAME  1.3 STREET ADDRESS  1.4 City - ST - ZiP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 City - ST - ZiP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 City - ST - ZiP  4.1 TITLE  4.2 NAME	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  the appointment as registered  text  CERS AND DIRECTORS IN 12  Change Addit  Change Addit
NOI  11. Pursuant to office or reagent 1 am  SIGNATURE  12.  11LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	UCH CHANGE WAS A CHON 607.0505, FIC (N.21 RS DELETE DELETE DELETE DELETE DELETE	83  84 City  25, the above named corporation and Statutes  E Reported Agent agrands required Statutes  13.  11 Title 12 NAME 13 STREET ADDRESS 14 City - ST-ZP 21 TITLE 32 NAME 33 STREET ADDRESS 34 City - ST-ZP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZP 5 TITLE 52 NAME	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered the appointment as registered  DATE  CERS AND DIRECTORS IN 12 Change Addit  Change Addit  Change Addit  Change Addit
NOI  11. Pursuant to office or reagent 1 am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	UCH CHANGE WAS A CHON 607.0505, FIC (N.21 RS DELETE DELETE DELETE DELETE DELETE	83  84 City  25, the above named corporation and statutes  E Reported Agent agrantic report of the corporation of the corporati	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered the appointment as registered  DATE  CERS AND DIRECTORS IN 12 Change Addit  Change Addit  Change Addit  Change Addit
NOI  11. Pursuant to office or recagent 1 am  SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	UCH CHANGE WAS A CHON 607.0505, FIC (N.21 RS DELETE DELETE DELETE DELETE DELETE	83  84 City  25, the above named corporation and Statutes  Effectived Agent agraphic region of the corporation of the corporati	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered the appointment as registered  DATE  CERS AND DIRECTORS IN 12 Change Addit  Change Addit  Change Addit  Change Addit
NOI  11. Pursuant to office or recognized from the signature street address city-st-zip title name	o the provisions of gistered agent of a familiar with an D SEIF, ALAN 1110 N.E. 1	Sections 607 056 both, in the State of accept the oblig OFFICERS AND STREET, S	of Florida S of Florida S ations of, Sec and the Capa IO DIRECTO SUITE 4	UCH CHANGE WAS A CHION 607.0505, FIC INC.  BACHER (N.D.)  RS  DELETE  DELETE  DELETE  DELETE	83  84 City  25, the above named corporation and Statutes  E Reported Agent agrantic requirion Statutes  13.  11 Title 12 NAME 13 STREET ADDRESS 14 City - ST - ZP 21 TITLE 32 NAME 33 STREET ADDRESS 34 City - ST - ZP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City - ST - ZP 51 TITLE 52 NAME 53 STREET ADDRESS 54 City - ST - ZP 51 TITLE 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 City - ST - ZP 51 TITLE 52 NAME 53 STREET ADDRESS 54 City - ST - ZP	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  DATE  CERS AND DIRECTORS IN 12 Change Addit  Change Addit  Change Addit  Change Addit  Addit  Change Addit
NOI  11. Pursuant to office or repagent 1 am SIGNATURE  12.  11/LE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	o the provisions of gistered agent of Tamiliar with an D SEIF, ALAN 1110 N.E. 11 NORTH MIA	Sections 607 050 both, in the State of accept the oblig OFFICERS AN BRANCH STREET, 3 WILL BEACH FL 3	02 and 607.1! of Fronds Sations of, Sec exact the Paper ID DIRECTOR	UCH CHANGE WAS A CHON 607.0505, FIC (N.2)  RS  DELETE  DELETE  DELETE  DELETE  DELETE	83  84 City  25, the above named corporation and statutes  E frequency Agent agration required Statutes  13.  11 T.HE  12 NAME  13 STHEFT ADDRESS  14 CITY - ST - ZIP  21 TITLE  32 NAME  33 STREET ADDRESS  34 CITY - ST - ZIP  41 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY - ST - ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  4.4 CITY - ST - ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  4.4 CITY - ST - ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  5.4 CITY - ST - ZIP  61 TITLE  62 NAME  63 STREET ADDRESS  5.4 CITY - ST - ZIP  61 TITLE  62 NAME  63 STREET ADDRESS  5.4 CITY - ST - ZIP	poration submits this statement for the patient's board of directors. I hereby accept	FL 85 Zip Code urpose of changing its registered.  DATE  CERS AND DIRECTORS IN 12 Change Addit  Change Addit  Change Addit  Change Addit  Change Addit  Change Addit