FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



SIGNATURE: Washing Sandi

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	AL REPORT 996	DIVISI	ON OF CORP	PORATIONS				
OCUM Corporation N	1ENT # P95 0	000040373	(9)					
	ITERPRISE, INC.							
rincipal Place o	of Business	Mailing Address			1 (88) 68) 18 618 111 80 4 80 1			0166 (11) (08)
3950 N.W. 64T		3950 N.W. 64Ti	H AVENUE					
MIAMI FL 3316		MIAMI FL 3316						
					3. Date Incorporated or Qualified 05/22/1995	3a. Date	of Last Rep	oort
. Principal Plac	ce of Business	2a. Mailing Addre	988		4. FEI Number			oplied For
		26			65.058222	/		ot Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	[]		equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
l	Country	28 Zip		Country	B. This corporation has liability for	intangible ta		
Zip]	Country 25	29	30		Florida Statutes Yes	s ∏No		
	9. Name and Address of C				10. Name and Address of New I	Registered	Agent	
				81 Name				
	MARLI M			82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	N. 64TH AVE.			83				
	L 33166						11 7	Orde
MIAMI FL						-	85 Zip	Code
1. Pursuant to				e above-named corpor the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	FL urpose of ch pointment as	anging its re registered	egistered offic agent. I am
1. Pursuant to or registere familiar with	o the provisions of Sections 607 ad agent, or both, in the State o h, and accept the obligations of Synahirs, typed or printed rame of rejisters	Section 607.0505, Florida	Statutes.			urpose of choosintment as DATE FICERS ANI	D DIRECTO	RS IN 12
In Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607 ad agent, or both, in the State o h, and accept the obligations of Synahirs, typed or printed rame of rejisters	Section 607.0505, Florida	Statutes.	e above named corpo the corporation's boa gistered Agent agnature maker	ed wwo renstativa)	urpose of choosintment as DATE FICERS ANI		
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11. Pursuant to or registere familiar with SIGNATURE 512. BILE NAME 5TREET AOORESS CITY-S1-ZIP	o the provisions of Sections 607 ad agent, or both, in the State on, and accept the obligations of OFFICER PD SANDRI, DAVID 3950 N.W. 64TH AVE. MIAMI FL 33166	Section 607.0505, Florida Section 607.0505, Florida Section 607.0505, Florida Section 607.0505, Florida	Statutes. (NOTE Fix	e above named corpor the corporation's boardistered Agent signature (m.p./re	ed wwo renstativa)	urpose of ch cointrnent as DATE FICERS ANI	D DIRECTO	RS IN 12
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4-8-96 (305)594-9175