FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 15 1998 8:00am

{	1998				Secretary of State			
DOCU 1. Corporatio KITO, I	117107110	00048034 (9)					
Principal Plac	e of Business	Mailing Address			* 1401/850 (10 1410) B) (11 85/1 85/1 86/1 80/1 81/	(B) (B) (B) (B) (B)		
11 ISLAND A	VE.	11 ISLAND AVE.						
905 905 905 MIAMI BEACH FL 33131 MIAMI BEACH FL 33131					DO NOT WRITE IN THIS	SPACE	_	
US US					3. Date Incorporated or Qualified			7
<u>_</u>					06/20/1995			
	lace of Business	2a. Mailing Address			4. FEI Number		plied For]
21	# -1-	26			65-0590617		Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		1
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00		┨
23		28			Trust Fund Contribution	_ Added to		ļ
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the cu]
24	25 29 30 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No			1
		Tent Registered Agent		81 Name	10. Name and Address of New Registered	Agent		4
	TEAGA, FRANCISCO							
11 ISLAND AVE. APT, 905				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33131				83			<u>`</u>	1
ļ				84 City		85 Zip C	odo.	-
				'	, FL	_		i
11. Pursuant	to the provisions of Sections 607.0	0502 and 607, 1508, Fiorida Statuate of Fiorida, Such change was	ites, the at	ove-named cor	poration submits this statement for the purpose cation's board of directors. I hereby accept the ap-	of changing its	registered	7
agent, I a	m familiar with, and accept the ob	oligations of, Section 607.0505, F	lorida Stati	utes.	along a supplied and a supplied a	3011 MINOR 40 1	09.000.00	
SIGNATURE	Signature, typed or printed name of registered	I accost and title if annitrable (MC	TE Paristorer	Agent slanature requ	uired when reinstating) DATE		<u> </u>	1_
12.		AND DIRECTORS	13.	regerit signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 12	9
TITLE	PTD	DELETE	1.1 111	LE .		Change	Addition	18
NAME	URTEAGA, FRANCISCO		1.2 NA	ME				12
STREET ADDRESS	11 ISLAND AVE., #905		1.3 ST	REET ADDRESS				ĬΕ
CITY-ST-ZIP	MIAMI BEACH FL 33131	☐ DELETE		Y-ST-ZIP		Change	☐ Addition	٦ġ
TITLE NAME	vsd Couvertier, Mari		2.1 TII 2.2 NA			L Onange	Mudition	`
STREET ADDRESS	11 ISLAND AVE., #905			REET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33131			TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT			Change	Addition	1
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET ADDRESS				}
CITY - ST - ZIP		1 lactice		TY-ST-ZIP		Channa	A distala	-
TITLE		☐ DELETE	4.1 TIT			Change	☐ Addition	ĺ
NAME STREET ADDRESS				REET ADORESS				Ì
CITY-ST-ZIP				Y-ST-ZIP				
TITLE	<u> </u>	☐ DELETE	5.1 TIT			Change	Addition	1
NAME			5.2 NA	ME				ĺ
STREET ADDRESS			5.3 STF	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				1
TITLE		DELETE	6.1 TT	i		Change	Addition	
NAME			6.2 NA	1				ſ
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				}
OIL 1-01-4F			a Qualiti	1-91-40				τ

14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the 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 of the receiver or trusted 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 or an attachment with an address.