MUUNI UUE U	OTICE: CORPORATION WILL B IN OR BEFORE 8/7/96: \$225 (IF DIS	BE DISSOL Solved, M	LVED ON OR AFTE MINIMUM AMOUNT (	R AUGUST	7 7 , 1996 . ISTATE: \$375.)	_				
	ROFIT PORATION	in a	FLORIDA DEP							
	AL REPORT			a B. Mortha etary of State						
	996	3	DIVISION O	•						
DOCUM	MENT # P9500									
, Corporation	SERVICES, INC.			-,						
UANIO	SENVICES, IIVO.									
Principal Place	of Business	Ma	alling Address				HIII ((1111 ((1111 (11	OUR OURDA DEGAL		
6729 S.W. 271 MIRAMAR FL			6729 S.W. 27TH CT. MIRAMAR FL 33023							
						3. Date Incorporated or Qual for 06/22/1995	ed <b>3a.</b> D	ate of Last	Report	
Principal Pla	ace of Business		Mailing Address			4. FEI Number 6590	899	)	Applied Fo	
Suite, Apt #	r, etc.	26	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75	Additiona	
City & State		27	City & State			6. Election Campaign Financin	9 []		Required  May Be	 !
Zip	Country	28	Zip	Co	untry	Trust Fund Contribution  8. This corporation has liability	for intancible		d to Fees	
4	25	29		30		Florida Statutes	Pes [	] No		
	9. Name and Address of Curr	rent Regisi	tered Agent		81 Name	10. Name and Address of Nev	/ Registered	Agent		
	NG, FRED S 29 S.W. 27TH CT.				B2 Street Add	iress (P.O. Box Number is Not Acce	ptable)			
	RAMAR FL 33023						•			
					02			• • • • • •		
					83			lee 2	o Codo	
					<b>84</b> City		FL	<b>.</b>	p Code	
office or re	oistered agent, or both, in the Sta	ite of Florid	fa. Such change wa	is authorized	84 City	poration submits this statement for the statement for the statement for the statement of the statement for the statement	e purpose of	changing	ils register	redi d
office or re agent. I an SIGNATURE	igistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florid ligations of	la. Such change wa , Section 607.0505,	s authorized Florida Stat	84 City bove-named corp d by the corporat ules	non's board of directors. Thereby ac	e purpose of	changing	ils register	red d
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made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR