Suite, Apt. #, etc.    Suite, Apt. #, etc.   Site   Si	ed For Applicable ditional dired ay Be Fees .032,
Principal Place of Business 4394 HALIFAX DRIVE TAMPA R. 33815  3. Date Incorporated or Qualified 3a. Date of Last Repo 09/08/1995  3. Date Incorporated or Qualified 3a. Date of Last Repo 09/08/1995  3. Date Incorporated or Qualified 3b. Date of Last Repo 09/08/1995  4. Fill Number 50/08/1995  5. Certificate of Status Desired 50/08/1995  6. Eduction Campaign Financing 1	ed For Applicable ditional dired ay Be Fees .032,
Principal Place of Business  4394 HALIFAX DRIVE TAMPA FL 33815  28 Marking Address  29 Principal Place of Business  20 Marking Address  20 Marking Address  20 Marking Address  20 Marking Address  21 Suito, Apt. 4, etc.  22 Suito, Apt. 4, etc.  23 Suito, Apt. 4, etc.  24 Suito, Apt. 4, etc.  25 Suito, Apt. 4, etc.  27 SUCON N. Hourand Ave.  27 SUCON N. Hourand Ave.  28 Country  29 Country  29 Jac. 1 Country  20 Jac. 1 Country  21 Jac. 1 Country  22 Jac. 1 Country  23 Jac. 1 Country  24 Jac. 1 Country  25 Jac. 2 Country  26 Jac. 1 Country  27 Jac. 2 Country  28 Jac. 1 Country  29 Jac. 1 Country  20 Jac. 1 Country  20 Jac. 1 Country  20 Jac. 1 Country  20 Jac. 1 Country  21 Jac. 2 Country  2	ed For Applicable ditional dired ay Be Fees .032,
TAMPA FL 33615  TAMPA FL 33615  3. Date incorporated or Qualified Op/08/1995  3. Date incorporated Of Sant Local Control Qualified Op/08/1995  3. Date incorporated Of Sant Local Control Qualified Op/08/1995  3. Date incorporated Op/08/1995  3. Date incorporated Of Sant Local Control Qualified Op/08/1995  3. Date incorporated Of Sant Local Control Qualified Op/08/1995  3. Date incorporated Op/08/1995  3. Date incorporated Op/08/1995  3. Date incorporated Of Sant Local Control Qualified Op/08/1995  3. Date incorporated Op/08/1995	ed For Applicable ditional lired ay Be Fees .032,
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. FEI Number 2. Suite, Apt. #, etc. Sike: Suite, Apt. #, etc. Sike: 1 Suite, Apt. #, etc. Sike: 27 Side N. House Ave. 28 I Country State Country Bastate Country Bastate Address of Current Registered Agent Country Bastate Address of Current Registered Agent Bastate Address of Current Registered Agent D. Name and Address of Current Registered Agent D. Name and Address of New Registered Agent D. Name and Address of Science 607 (550) and 607 1508. Fiorities Statutes D. Name and Address of New Registered Agent D. Name and Address of Science 607 (550) and 607 1508. Fiorities Statutes D. Name and Address of New Registered Agent D. Name and Address	ed For Applicable ditional lired ay Be Fees .032,
Sulfo, Apt. #. etc.   Solito, Apt. #. etc.   Sulfo, Apt. #. etc.	Applicable ditional irred ay Be Fees .032,
Suite, Apt. #, etc.  2 5100 N Hoborra Ave	ditional lired ay Be Fees
Country   28   Country   2   Country   3   3   2   1   4   3   3   4   4   5   6   6   6   6   6   6   6   6   6	de ered office it. I am
South   25   County   29   38   14   30   County   30	de pred office it. I am
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525   81	ered office nt. I am
1201 HAYS STREET TALLAHASSEE FL 32301-2525	ered office nt. I am
TALLAHASSEE FL 32301-2525  In Consumer to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered age statutes.  Signature  Signature by the collegations of, Section 607.0505, Florida Statutes.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age statutes.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age statutes.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age statutes.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age statutes.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age.  Signature by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment as registered age.  Interpretation by the corporation's board of directors. I hereby accept the appointment age.  Interpretation by the corporation's board of directors. I hereby accept the appointment age.  In	ered office nt. I am
## Page 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature Typed or printed name of registered agent and tise it applicable.  ### DELETE   1.1 Title	ered office nt. I am
The previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Speed or preted name of registered agent and tise rapplicate.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. Interest ADDRESS  ASTREET ADDRESS  ASTREET ADDRESS  AND FLORIDA STREET ADDRE	ered office nt. I am
SIGNATURE  Signature PSTD	nt. I am
Signature typed or period name of registered agent and title it applicable.    NOTE Proportional Agent signature required when remarking.   DATE	<sub></sub>
THE PSTD DELETE	1
RAME RODRIGUEZ-CALZADA, VASCO A 4934 HALIFAX DRIVE TAMPA FL 33615  TITLE INDELETE IN	1 12 S
TAMPA FL 33615	N 12 (50) Addition (7)
	P
22 NAME     22 NAME     Charge	Addition O
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY - S1 - ZIP	Addition O
	1
AME 3 THEET ADDRESS 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change	
33. STREET ADDRESS	Addition
34 CITY-ST-ZIP	İ
AME Change	
	Addition
TREET ADDRESS 4.3 STREET ÁDORESS	
17Y-S1-ZIP 4.4 CITY-S1-ZIP	
ITLE DELETE 5.1TITLE Change	Addition
32 NAME	
5.3 STREFT ADDRESS  17Y-ST-ZIP  5.4 CITY-ST-ZIP	
	Addi≱on
62 NAME -06/07/9601077023	5/
INCLE ADDRESS ***200.00	[/ , ]
4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if madically that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is reported to execute t	10