•	FOR OUT STATEMENT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
I. Corpora	UMENT # P9500 ation Name APPLE OF SOUTH MIAI	00079514 MI, INC.	SECAR AND STATE TALLATIANS IN NORMOA		
Principal Place of Business 7283 SOUTHWEST 57TH AVENUE MIAMI FL 33143		Mailing Address 7283 SOUTHWEST 57TH AVE MIAMI FL 33143	NUE I I I I I I I I I I I I I I I I I I I		
If above addresses are incorrect in any way, line to a New Principal Office Address, If Applicable		3. New Mailing Office Addre		95	
Sulte, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State	5. FEI Number <b>65-0612756</b>	Applied For Not Applicable	
(ip	Country	Zip C	Ountry CERTIFICATE OF STATUS DESIRED S8.75 Additional Certificate of STATUS DESIRED SINCE STATUS DESIRED SINCE STATUS DESIRED STATUS DESIRED SINCE SINCE STATUS DESIRED SINCE SINCE STATUS DESIRED SINCE SINCE SINCE STATUS DESIRED SINCE SIN	ional Fee require dicate of Status	
'. Names Title(s)	and Street Addresses of Each Officer an Name of Officers and/or Directors		rporations must list at least 3 directors)  Street Address of Each Officer and/or Director OT Use Post Office Box Numbers)  City / State / Zip		
P KITCHENS, CLAUDIA C		3 (Do N -7203-9947 5/9/	WEST 57TH AVENUE MIAMI FL 33143  Sw 74 Street	-	
		RE	30000253187 -05/21/98 -01006 ****900.00 *** INSTATEMENT 97-98 	31 5-015 *900.00	
			26-6		
KITCHENS, CLAUDIA C 7883 S.W. 57TH AVE: 51915W 76 ST MIAMI FL 33143			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
0. I, being Signature of Registered	Agent Gaudia	C Kelchen REGISTERED AGENT MUST SIG		ode .	
	do aarlaaration ouraa ar l	has paid the current	year (See other side for info	rmation	

SIGNALIA C KITCHERS
SIGNALIA E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/27/98 305-669-6895