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REIN	PLEASE READ /	FLORID		NT OF STATE ortham State		AFPHO ANI FILE	yer K	Iorz
DOCUMENT # P95000079720					98 GEC 21 AM 9: 42			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
EPTRACE, INC.						The second of the second of the second	1 601107	,
4183 HALLE HOLLYWOO								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. 15 15 15 15 15 15 15 15 15 15 15 15 15					Date Incorporated or Qualified     To Do Business in Florida     10/13/1995			
Suite, Apt.		etc.		5_ FEI Number		10/13/1	- Applied For	
Zip 22 2 1 Carried 10 2 2 2 2 2			DE TE	2.	6.	65-0613905		Not Applicable ditional Fee required
7. Names	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpor	rations must list at lea	<u></u>	OF STATUS DESIRED	for a Ce	ertificate of Status
Title(s) Name of Officers and/or Directors 1			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
D	PRAOLINI, EMILIO	4049 S.W. 3RD STREET			PLANTATION FL			
D	BASTOS, PAMELA	4049 S.W. 3RD STREET			PLANTATION FL			
			00			000027253301 -12/29/9801077012 *****150.00 ****150.00		
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Regist	tered Agent	
4183 HALLENDALE BEACH BLVD HOLLYWOOD FL Suite, Apt. #, Et					-	is Not Acceptable)	State 17in	Code
10. I, being appointed the registered agent the above pamed corporation, am familiar with and accept the ob					oligations of Secti	on 607.0505. F.S	State Zip	Code
Signature of Registered	Agent	FURE	DENT MUST SIGN	IIRED			14-9	78
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							ter side for in Fintalighte	romination (x.)
this rein owed by	that I am an officer or director or the receivant application, the reason for dissolve the corporation have been paid and the napplication is true and accurate, and my significant or the properties of the prope	lution has been ames of individ	eliminated, the corplusis listed on this fo	orate name satisfies orm do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F.	S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954) 12-14-98 581-0023



12-14-98

To whom it MAY COREEN.

As per my telephone Conversation, I am inlosing my check for \$150.00 to Renew my inlosing my check for \$150.00 to Renew my Corporation. I never Recieved the Does that Corporation. I never Recieved the Does that were sent to me Previously As I name Changed were sent to me Previously As I name Changed were sent all though I put in A change of my Add. General Deces of my mail have been Lost. Add. Several Deces of my mail have been Lost. Add. Several Deces of my mail have and found this in the bottom of my old add and found this in the bottom of my old add and found this in the bottom of the future my Renewel is Due by June, the fiture my Renewel is Due by June, the fiture my Renewel is December this I will forward all fees. Please coept this I will forward all fees. Please coept this

Thank YOU

Pamela Bostos
UP

EPTRACEINE.