·	PROFIT		FLORIDA DEPAR			FILED
COF	CORPORATION Sandra I			I Menti OF STATE		May 19 1997 8:00ar
			Secretary of State			Secretary of State
	1997					
1, Corporatio	MENT # PS	5000088	137 (1)			
	i America, inc.					
Principal Plac	e of Business	Mailir	ng Address			
	AKE BLVD SUITE 205 GARDENS FL 33410		NORTHLAKE BLVD S BEACH GARDENS F		265	
						3. Date Incorporated or Qualified 3a. Date of Last Report
						11/15/1995 04/25/1996
2. Principal P 21	lace of Business	2a. M 26	ailing Address			4. FEI Number Applied For 65-0623189 Not Applicable
Suite, Apt.	#. etc.	S	uite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Additional
22 City & Stat	Ð	27 C	ity & State			6. Election Campaign Financing\$5.00 May Be
23 Zip	Country	28		Cour		Trust Fund Contribution Added to Fees
24	25	29		30	ωy	 6. This corporation has liability for intangible trix under s. 199.032, Florida Statutes Yes X
14/4	9. Name and Addres SHOFSKY, MARTIN E	ss of Current Register	ed Agent		61 Name	10. Name and Address of New Registered Agent
	O NORTHLAKE BLVD	SUITE 205				et Address (P.O. Box Number is Not Acceptable)
્• PAL	M BEACH GARDENS	FL 33410			63	
•					64 City	
11. Pursuant office or r	to the provisions of Secti registered agent, or both	ons 607.0502 and 607. , in the State of Florida	1508, Florida Statute Such change was a potion 607 0505, Flo	is, the ab uthorized	ove-named by the corp	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12.		of registered agent and title if a FICERS AND DIRECTO		Registered	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP STRASCH, ANGELI	NA	DELETE	1.1 TO		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	4360 NORTHLAKE	BLVD SUITE 205		1.2 NA 1.3 STI	me Heet address	15
City-St-ZiP	PALM BEACH GAR	DENS FL 33410			Y-ST-ZIP	S Change L Addition
TITLE NAME			[] DELETE	2.1 TH 2.2 NA		Li Change Li Addition C
STREET ADDRESS				2.3 ST	IEET ADDRESS	s
CITY-ST-ZIP TITLE		·····	DELETE	2.4 CF 3 1 TH	IY-ST-ZIP LE	Change Addition
NAME				32 NA	ME	
STREET ADORESS C(TY+ST+Z)P	-				ieet address 14-st-zip	s
TITLE			DELETE	4.1 TH		Change Addition
NAME STREET ADORESS				4.2 M	ME Reet address	
City-S1-2iP					Y-ST-ZIP	
TIFLE			DELETE	5.1 TIF		Addilion
NAME STREFT ADORESS				5.2 NA 5.3 STE	NE REET ADDRESS	s XX
CITY ST-ZiP				5.4 CIT	Y-ST-ZIP	<u>ν</u>
TITLE NAME			DELETE	6.1 TIT 6.2 NA		900002197849
STREET ADORESS	~	,	7		vie Reet address	s = -06/02/9701079012 ****1815.00
CHY-ST-ZP 14 Lido trenet	by certify that the interior	tion supplied with	filing does not qualify	6.4 Cit	Y-ST-ZIP	
informatio	in indicated on this innu- flicer or director of the ce	al report or supplied with the al report or supplication progration or the receive	al annual report is tr ar or trustee amoow	ue and a ared to ex	ccurate and ccurate this r	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name
appears i	n Block 12 or Boch 12	tree and all	achievent with an add	10 to		VASTRASUH 4/20/82 561-690-1726