350) 922-3709 09/15/00 14:10 Fl. Dept. of State pl /l \(\Lambda \) \(\Lambda \)

DOCU 1. Entity Nam	MĚNT	# P950000	ريّة	رهريسو خندا		<u>j</u>			السيحيد		t ₁		
1_	DES, INC.			3 - y e,			FILED						
							<u></u>	00-S	EP 29	AM 9	36		
Principal Plac	ce of Busines	s	Mailing Address										
16330 SW 147TH AVENUE MIAMI FL 33186-1402			16330 SW 147TH AVENUE MIAMI FL 33187-1602				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
							2						
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 65-0619110 Applied For Not Applicable						
Zip		Country	Zip	Count	try	5.	Certificate of	Status Desired		\$8.75 Ad Fee Require			
	6. Name	and Address of Current	Registered Agent		Name			ddress of New		Agent	~.]	
	VENS, WAL		_		IA	JALLA ddress (P.O. B		S TE(s Not Acceptab		· ————————————————————————————————————			
16330 SW 147TH AVENUE Miami FL 33186-1402				•	163	330	SW	147 A	47 AUE			1	
			•		City	MiA	Ker;		FL	Zip Coo	187		
8. The above	e named entit	y submits this statement to	the purpose of changing	<u>& registere</u>	ed office or	registered ag	jent, or bath,	in the State of F	orida.	,			
SIGNATURE	Signature, types	Seller and dispersed source	Sold and an analysis of the sold analysis of the sold and an analysis of the sold analysis of the sold analysis of the sold analysis of the so	IF: Hegistered	Apent signati	tre required when n	einstation)		DATE				
9. This corp		ible to satisfy its Intangible	FILE NOW				<u> </u>	on Campaign Fi	nancino	\$5.0		1	
T≜x filing	_	and elects to do so.	After MAY-1, 2 Make Check Paya					Fund Contribution			IO May Be 1 to Fees		
11.		OFFICERS AND		12.		A	DITIONS/CI	HANGES TO OF	FICERS AN			<u>_</u>	
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NAME	FRA	MK KELLY		NAME		WAL	LACE	STEV	ENZ	•			
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STREET ADDRESS					T ADDRESS					3	r		
CITY-ST-ZIP	Condition that are	e information expedied with	this filing does not qualify le		ST-ZIP	ed in Section	119 07/3/61	Florida Statutes	I further ce	rtify that the i	nformation	}	
	cerury (nat th	e iniormation supplied with	and ming does not qualify for	יי נוים פגפו	npuori sidil	ou in accitori	i ruior (2)(1), l	, jui suu viaiuies. a ii mada undar	anthother I	om so officer	or director		
indicated of the co	l on this repo rporation or ti	rt or supplemental report is he receiver or trustee empo	true and accurate and that wored to execute this repor- with all other like empowered	t as requiri	ed by Cha	pler 607, Flori	da Statutes; a	and that my nan	e appears	in Block 11 or	Block 12 if		
indicated of the co	l on this repo rporation or th , or on an atta	rt or supplemental report is ne receiver or trustee empo achment with an address,	wored to execute this repor	t as requiri i. <i>IALL: A</i>	ed by Cha	pler 607, Flori	da Statutes; a	and that my nan	oo OO	IU RIOCK I I OI	Block 12 if		

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