## FOR PROFIT CORPORATION

SIGNATURE:

## FILED May 30, 2002 8:00 am Secretary of State

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American Tharu Manuer	int, (No	C.
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DO NOT WRITE IN THIS SI	PACE	
2. Principal Place of Business AMEX 3. Mailing Arbiress 10 (NCH)	751K Stro	Mby 3 5 a
Suite, Apt. #, etc. BAUSHER OR 3225 AVIA	4nion #8	
Sity & State COLONUT LANGE FOR COLONUT G	neve f	4. FEI Number Applied For Not Applied For Not Applied For
zip 33(33 Country USA Zip 33(33	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
alestical contribution and the contribution are the first and the contribution of the contribution and the contribution are the contribution are the contrib	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE		FAMY H. KIMM  ess (P.O. Box Number is Not Acceptable)
IN THIS SPACE		265 N. Hibisous onive
	City /U	i AMI BriACH FL Zip Gode 2, 29
8. The above named entity subfinits this statement for the purpose of changing its i	registered office or reg	istered agent, or both, in the State of Florida.
SIGNATURE Signature, typod or printed name of registered agent and then applicable. (NOTE:	AAAAAAA Registered Agent signature ne	H. Rinm 05/08/02
Tax filing requirement and elects to do so.  After May	ay 1 Fee is \$150.00 I) Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
OFFICERS AND DIRECTORS		Otate :
HAME HASIDENT AND CEO HAMM H. Minm  SIRET ADDRESS  OLIV-ST-ZIP  265 N H 43CJEUS Daire  3313	TITLE  NAME  STREET ADDRESS	CRZE034B (12/01)
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3. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee ampowered to execute this report a attachment with an address, with all other like empowered.	le exemption stated in signature shall have the s required by Chapter	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes: and that my name appears in Block 11 of pn an
SIGNATURE.	11 la	HARRY H. Rimm ( Cross

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	Place of Busin		x	3. Mailing Addr C/o Pin Suite, Apt. #,	CHA.	sik, Str	av 6jn		DO NOT WOLTE	IN THE COLOR	
2 60) Cly 4 Sta	1 S. B.	ryshor	e OR	3225 A	WL47	70N # 5	500	4. FEI Number	DO NOT WRITE	IN THIS SPACE	
COCI	DNUT	FROUS	,fr	COCOL	VVT	GROVE,	FL	65-	06421		Applied For Not Applicable
	33133	V.	SA	Zip 33	133	1	<u>ra</u>	5. Certificate of 5		Fee R	5 Additional equired
		O NOT N THIS	T WF	RITE		Name	Address (	7. Name and Add	Not Acceptable)	7 HA	OULRS.
8. The above	e named entity	y submits this stat	ement fo <b>f</b> t	he purpose of ch	anging its	registered office	x <sub>1</sub> register	ed agent, or both,	the State of Florid	mou	500 CH 33137
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Now 15 Co Co 31,37 SIGNATURE  Signalic, typed or printed nome of registered agent and the if applicable. [NOTE: Registered Agent signature required when retreating)  Onte											
Tax filing (See crite	oration is eligi requirement a ria on back)	ble to satisfy its in and elects to do so	tanglble o.	des es es A	iter May Amende	lay 1 Fee is \$15 1 Fee is \$550.0 d UBR is \$61.25 bie to Departmen	O	10. Electio	n Campaign Finan und Contribution.	~ —	\$5.00 May Be Added to Fees
11.	Poss	OFFICEI		RECTORS			16 (1.41)   144		÷ .		
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13. I hereby c indicated of the cor attachmer	entify that the on this report poration or th nt with an add	information suppl or supplemental i e receiver or trust ress, with all other	ied with thi eport is true ee empow r like empo	is filing does not allowed and accurate a sered to execute awered.	qualify for ind that m this report	the exemption state by signature shall he as required by Cl		tion 119.07(3)(i), Fix ame legal effect as it 7, Florida Statutes; a		ther certify that that I am an of appears in Bloc	the Information ficer or director k 11 or on an