FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90144 050 ***158.75



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

DEDITION COMPLIANCE CODE

NEFUDL	IC COMPLIAINCE, CORP.			
Principal Place	n of Rusiness	Mailing Address		I HARLINGOL ILIR KOLING BINKI BENKI GENKI BENKI DETAK KARKI KERIN KERIN KERIN KERI
		1175 N.E. 125TH ST.		
1175 N.E. 125T STE 314	n 31.	STE 314		
NORTH MIAMI	FL 33161	NORTH MIAMI FL 33179		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
				02/16/1996
2. Principal Pl	face of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0642711 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		27 City & State		6. Election Campaign Financing 55,00 May Be
City. & State		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	0	Personal Property Tax. Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
			81 Name	DAVID E. WESTON
	HAN, ELLEN A		82 Street	Address (P.O. Box Number is Not Acceptable)
	5 N.E. 125TH ST			5 N.E.125th ST. SUITE # 314
STE				MIAMI, FLORIDA, # 33161
N MI	IAMI FL 33161		84 City	85 Zin Code
	(FL []
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered epent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above-named porized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. i ai	m lamilian with a locaccept me soligat	ions of, Section 607.0505, Figure	a Statutes.	4 × 199
		une Wester	Drusine	₹ · 77
SIGNATURE		MD & WELTON	PRESCOUNT egistered Agent signature	required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	PRESULUT egistered Agent signature r 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		required when reinstating) DATE
12.	Signature typed or printed name of registered agent OFFICERS AND P MEEHAN, ELLEN A	and title if applicable. (NOTE: ReD DIRECTORS ***********************************	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. ππε	Signature typed or printed name of registered agent OFFICERS ANI P MEEHAN, ELLEN A 1175 N.E. 125TH ST., STE. 320	and title if applicable. (NOTE: ReD DIRECTORS ***********************************	13. 1,1 TITLE	PRESIDENT , DIRECTOR Change Addition
12. TITLE NAME	Signature typed or printed name of registered agent OFFICERS AND P MEEHAN, ELLEN A	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	PRESIDENT , DIRECTOR Change Addition WESTON, DAVID E. 1175 N.E. 125th ST. SUITE # 314
12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered agent OFFICERS ANI P MEEHAN, ELLEN A 1175 N.E. 125TH ST., STE. 320	and title if applicable. (NOTE: ReD DIRECTORS ***********************************	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PRESIDENT , DIRECTOR Change Addition WESTON, DAVID E.
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14. I hereby certify that the informatindicated on this annual report officer or director of the corporation on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS 7 to 112

CITY-ST-ZIP. "

SIGNATURE:

DECLARACIONE PRESIDENTE DE LA PRESIDENTE DE L

4/21,1999 305 892-1788 Daytime Phone #

CR2E034 (11/98)