SUITE 100       SUITE 100         SUITE 100       SUITE 100         Suite Active Active       97155         Suite Active Acti	<ol> <li>Entity Nam</li> </ol>	MENT # <b>P960000</b>	19701			FIL Mar 10, 20 Secretary 03-10-2000 9002	000 8:0 y of St	ate
Suffer Fig         Suffer Fig           Suffer Fig         Suffer Fig <t< th=""><th>Principal Plac</th><th>e of Business</th><th>Mailing Address</th><th></th><th>-</th><th></th><th></th><th></th></t<>	Principal Plac	e of Business	Mailing Address		-			
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Suite, Age, #, etc.         Suite, Age, #, etc.         DO NOT WHITE IN THIS SPACE           ##         21/1         Suite, Age, #, etc.         DO NOT WHITE IN THIS SPACE           City, & State, M         M.I. (Applied)         Applied         Applied           231, 7.3         Country, M.I. (Applied)         23, 71.3         Country, State, M.I. (Applied)         Applied           301, 7.3         Country, M.I. (Applied)         23, 71.3         Country, State, State, M.I. (Applied)         State, Applied         Applied           301, 7.3         Country, M.I. (Applied)         23, 71.3         Country, State, State, M.I. (Applied)         State, Applied         State, Applied           301, 7.3         Country, M.I. (Cuesta, M.I. (Chale, M.I. (Cuesta, M.I. (Chale, M.I. (Cuesta, M.I. (Chale, M.I. (Chale, M.I. (Cuesta, M.I. (Cuesta, M.I. (Chale, M.I. (Cuesta, M.I. (		Place of Business	3. Mailing Address 9745 SUN	NET OPIVE				
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M/HMM       PM       SMIRE       With HMM       PM       SMIRE       With HMM       With HMM       With HMM       With HMM       With HMM       SMIRE       SMIRE <th></th> <th></th> <th>City &amp; State</th> <th>11 27173</th> <th>4. FEI Numb</th> <th>er 65-0739044</th> <th></th> <th>pplied For</th>			City & State	11 27173	4. FEI Numb	er 65-0739044		pplied For
	<u>MIAM</u>	1 , R 39113		H 33112		03-07 39044		ot Applicable
CUESTA, MICHAEL M       11969 SW 92 STREET         MAMI FL 33166       City         Final action on back/       City         Street Address (P.O. Box Number is Not Acceptable)       City         Street Address (P.O. Box Number is Not Acceptable)       City         Street Address (P.O. Box Number is Not Acceptable)       City         Street Address (P.O. Box Number is Not Acceptable)       City         Street Address (P.O. Box Number is Not Acceptable)       City         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         Street Address (P.O. Box Number is Not Acceptable)       Date         The       VP       Cuesta, Michael N         Cuesta, Michael N       Date       The         Name       Cuesta, Mi	3317	3 USA	39173	USA	5. Certificate	e of Status Desired		
CUESTA, MICHAEL M 11969 SW 92 STREET MIAMI FL 33186       Street Address (PC. Box Number is Not Acceptable)         City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.       Street Address (PC. Box Number is Not Acceptable)         SIGNATURE       Egratum, tipet or pired name of registered agent and like if spotadob.       (POTE Registered Agent signame recurst where resulting)       DHE         9. This comporation is eligible to satisfy its Intangible Tax filing registered name of registered agent and like if spotadob.       POTE Registered Agent signame recurst where resulting)       DHE         9. This comporation is eligible to satisfy its Intangible Tax filing registered agent and elects to do so.       Atter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Taus Fund Contribution.       Stoed Chick Payable to Department of State         11.       OFFICERS AND DIPIECTORS       12.       ADDITIONS/CHANGES to OFFICERS AND DIPIECTORS in Integration of State         11.       OFFICERS AND DIPIECTORS       12.       ADDITIONS/CHANGES to OFFICERS AND DIPIECTORS in Integration of State         11.       OFFICERS AND DIPIECTORS       12.       ADDITIONS/CHANGES to OFFICERS AND DIPIECTORS in Integration of State         11.       OFFICERS AND DIPIECTORS       12.       ADDITIONS/CHANGES to OFFICERS AND DIPIECTORS in Integration of State		6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New Register	red Agent	
11969 SW 92 STREET MIAMI FL 33186         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         SigNATURE       City       FL       Zip Code         SigNATURE       OPTE       OPTE         SigNATURE       OPTE         SigNATURE       OPTE       OPTE         SigNATURE       OPTE         SigNATURE       OPTE       OPTE         SigNATURE colspan="2">OPTE         SigNATURE colspan="2">OPTE       OPTE         SigNATURE colspan="2">OPTE         SigNATURE colspan="2">OPTE         OPTE       OPTE         SigNATURE colspan="2">OPTE         OPTE       OPTE         OPTE       OPTE         OPTE       OPTE         OPTE       OPTE         OPTE       OPTE         OPTE       OPT	CHE	STA MICHAEL M			- (00 0			
City     FL     Zip Code       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.     Stonard Registered agent and the interpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE     Signature, typed or prived name of registered agent and the interpose of changing its registered Agent agents are used when revealing)     OATE       9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.     After MAY 1, 2000 Fee will be \$\$55.00 Make Check Payable to Department of State     10. Electon Campaign Financing Additional Additional Additional State       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       11.     OFFICERS AND DIRECTORS     17.     Change     11.       NAME     331856     17.51.2P     17.51.2P     Change     11. <td></td> <td></td> <td></td> <td></td> <td>S (P.O. BOX NUMB</td> <td></td> <td></td> <td></td>					S (P.O. BOX NUMB			
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.         SIGNATURE	MIAI	MI FL 33186						
SIGNATURE       (NOTE Registered Agent standards)       DME         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See citratic on back)       FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 Ma Added to Fee Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         11.       OFFICERS AND DIRECTORS       11.       Change       0.         MAME       STREET ADDRSS       0.       0.       0.       0.         MAME       STREET ADDRSS       0.       0.       0.       0.       0.         STREET ADDRSS       0.       0.       0.       0.       0.       0.       0.         STREET ADDRSS       0.       0.       0.       0. </td <td></td> <td></td> <td></td> <td>City</td> <td></td> <td></td> <td>FL Zip Cod</td> <td>е</td>				City			FL Zip Cod	е
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HAME     CUESTA, WILLIAM C     NAME       STREET ADDRESS     STREET ADDRESS       DITV-5T-2IP     MIAMI FL 33186       UTU     P     Delete       TITLE     P       CUESTA, MICHAEL M     NAME       STREET ADDRESS     STREET ADDRESS       DITV-ST-2IP     MIAMI FL 33175       MIAMI FL 33175     CITV-ST-2IP       MIAME     STREET ADDRESS       DITV-ST-2IP     MIAMI FL 33175       MIAME     STREET ADDRESS       DITV-ST-2IP     Delete       MIAMI FL 33175     CITV-ST-2IP       MIAMI FL 33175     CITV-ST-2IP       MIAMI FL 33186     CUESTA, GEORGE L       11969 SW 92ND ST     Delete       TITLE     NAME       STREET ADDRESS     CITV-ST-2IP       MIAMI FL 33186     CITV-ST-2IP       MIAMI FL 33186     CITV-ST-2IP       MIAME     STREET ADDRESS       STREET ADDRESS     CITV-ST-2IP       MIAME     STREET ADDRESS       STREET ADDRESS     CITV-ST-2IP       MIAME     STREET ADDRESS       STREET ADDRESS     CITV-ST-2IP       MAME     STREET ADDRESS       STREET ADDRESS     CITV-ST-2IP       ITTLE     NAME       STREET ADDRESS     CITV-ST-2IP	Tax filing r	requirement and elects to do so.	After MAY 1, 20 Make Check Paya	000 Fee will be \$550.0 ble to Department of S	State	ust Fund Contribution.	Áddeo	d to Fees
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