			RT (	UBR	)		FI	LED		•	
DOCUMENT # <b>P96000025412</b> 1. Entity Name					Apr 13, 2000 8:00 ar Secretary of State						
PLC PR	operties, INC.					L.	04-13-2000 90				
Principal Plac	e of Business	Mailing Address									
420 LINCOLN ROAD. STE 432 MIAMI FL 33139 US		420 LINCOLN ROAD. STE 432 MIAMI FL 33139-3014 US						<b>u</b> vvv	<b>U I U U</b>		
						1 7 <b>601680</b> 1 110	INTE ATTAL CONTRACTOR	in addir dari (		I A FINI ANDA	
2. Principal Place of Business 420 Lincoln Road		3. Mailing Address P. O. Box 191768									
Suite, Apt. #, etc. Suite 335		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. 1	El Number	65-0664739			plied For	]
Zip Country		Miamí, FL Zip Country			<u></u>			\$	3.75 Add	t Applicable	ł
33139	USA	33119-1768	US				Status Desired	<u> </u>	e Required		
	6. Name and Address of Current Re	egistered Agent		Name	7. 1	lame and Ad	dress of New Reg	istered Ag	ent		1
PLC	INVESTMENTS INC		Ļ				nts, Inc.				ł
420 LINCOLN RD, STE 432				Street Add	$\frac{420}{2}$	ox Number is	Not Acceptable)				ļ
MIAI	VI FL 33139				<u> </u>						
			ŀ	City	<u>Suite</u> Miami	Beach,		FL	Zip Code		1
P The show	named entity submits this statement for the	he purpose of changing its r		d office or #					33139	9	1
<b>9.</b> THE above	manica entry saurnits this statement for a	ne porpose or onlinging its r	ogiotoret		ogistoree ag	514, 61 5001,					
SIGNATURE .	Signature, typed or printed name of registered agent and	tate if applicable. (NOTE:	Registered	Agent signature	required when re	instating)		DATE		<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After MAY 1,				S \$150.00 vill be \$55			on Campaign Finan Fund Contribution	cing		0 May Be to Fees	
(See crite	ria on back)	Make Check Payabl		partment							
11	OFFICERS AND DI		12.		AD	DITIONS/CH	IANGES TO OFFIC		IRECTORS	SIN 11	6
TITLE NAME	CAJAS, PABLO L	Delete	TITLE		CETAS.	PARIO	T		j unanyo :		0/6/
STREET ADDRESS	420 LINCOLN RD STE 432						L. load, Suite	335	,		034
CITY-ST-ZIP	MIAMI BCH FL 33139		CITY-S	ST-ZIP	Miami	Beach,	FL 33139				CR2E034 (9/99)
TITLE NAME	vpd Neitrel; Julie L	Delete	TITLE NAME	ļ				L	] Change	Addition	
STREET ADDRESS	420 LINCOLN RD STE 432			T ADDRESS	420 Li	ncoln F	load, Suite	335			1
CITY-ST-ZIP	MIAMI BCH FL 33139		CITY-S	ST-ZIP			<u>FL 33139</u>				ł
TITLE	DST NONTERO HILDA C	Delete	TITLE		~			X	] Change	Addition	
NAME STREET ADDRESS	MONTERO, HILDA C 420 LINCOLN RD STE 432		NAME STREET	TADDRESS	420 Li	ncoln F	load, Suite	335			
CITY-\$T-ZIP	MIAMI BCH FL 33139		CITY-S	ST-ZIP	Miami	Beach,	FL 33139				
TITLE		Delete	TITLE					C	] Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS							
CITY-ST-ZIP			CITY-S								
TITLE	······································	Delete	TITLE						Change	Addition	]
NAME			NAME	TADDRESS							
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TITLE		Delete	TITLE					C	Change	Addition	[
NAME			NAME								1
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP							
13. Thereby o	certify that the information supplied with th	nis filing does not qualify for	the exem	nption state	d in Section	119.07(3)(i).	Florida Statutes. I fu	rther certify	that the in	iformation	1
indicated of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow	ue and accurate and that m ered to execute this report a	v sianatu	ire shail hav	ve the same	legal effect a	s if made under oat	h: that I am	an officer	or director	
changed.	or on an attachment with an address, wit	h all other like empowered.					. 1 . 1				}
SIGNAT	URE: (Kildal	months	213				46/00	305	<u>-531-</u>	5220	
	HILDA C. MONT	tero, Secretary	R DIRECTO	PA			Date	Dayti	me Phone #		