NAME     JOHNSON, TRACY L     NAME       STREET ADDRESS     3621 NW 209TH TERR     STREET ADDRESS       CITY-ST-ZIP     MIAMI FL 33056     CITY-ST-ZIP       TITLE     S     Delete       NAME     JOHNSON, TRACY L     Change       NAME     JOHNSON, TRACY L     Change       STREET ADDRESS     G21 NW 209TH TERR     STREET ADDRESS       CITY-ST-ZIP     MIAMI FL 33056     CITY-ST-ZIP	1. Entity Name STUCCO F	MENT # <b>P960</b>	SINESS REPO 000033553	JRI (UBR)	Apr 16, 2002 8:00 a Secretary of State 04-16-2002 90160 029 ***150.00	am e	
2. Principal Hado of Business       3. Maing Address         Suite. Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State         Zip       Country         Zip       Country         Zip       Country         State       City & State         AMERILAWYER CHARTERED         343 ALMERIA AVENUE         CORAL GABLES FL 33134         City       FL         City       FL         Zip       City & State         City       Street Address of Number is Not Acceptable         Street Address (P.O. Box Number is Not Acceptable)         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.         SIGNATURE       Bigstan, typed or present name of registered agent mont ten if applicable         OVEF Registered Agent agent end elects to do so.       Steet Address (P.O. Box Number is Not Acceptable)         SignAtarue       FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payelle to Department of State       10. Election Campaign Financing Truet Fund Controbution.       \$5.00 m Added to F         11.       OPFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Madde	3621 NORTHWEST 209TH TERRACE 3621 NORTHW		3621 NORTHWEST 209T	H TERRACE			
City & State       4. FEI Number       Applied         Zip       Country       Zip       Country       S. Certificate of Status Desired       S8.75 Addition         AMERILAWYER CHARTERED       Status Country       S. Certificate of Status Desired       S8.75 Addition         343 ALMERIA AVENUE       Name       Name       Name       Street Address of New Registered Agent         City & FL       Zip Code       Street Address of New Registered Agent       Name         343 ALMERIA AVENUE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         City & FL       Zip Code       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable to Desite address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Ac	2. Principal Pla	ace of Business	3. Mailing Address	<u></u>			
Zip       Country       Zip       Country       S. Certificate of Status Desired       Not Application         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         AMERILAWYER CHARTERED       333 ALMENIA AVENUE       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City       FL         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         It       Corportation is eligible to satisfy its Intangible       FILE NOW!!! FEE IS \$150.00       Nate Fundows       Street Address for OpFicERS AND DIRECTORS IN         11	Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$\$, 525 Addition         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         AMERILAWYER CHARTERED       343 ALMERIA AVENUE       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Street Address (P.O. Box Number is Not Acceptable)       DATE         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) .       PillE NOW!!! FEE IS \$150.00       Name       Nate Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       Added to Financing Trust Fund Contribution.       Added to Financing Trust Fund Contribution.       Added to Financing Trust Fund Contribution.       Change International Contribution.         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DIRECTORS IN DIRECTORS IN DIRECTORS IN MAKE       Int E       Change Int E         11.       OFFICERS AND DIRECTORS IN DIRECTORS IN DIRECTORS IN DIRE	City & State		City & State				
6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134       Name         City       FL         2ip 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.         SIGNATURE         Signature, typed or preted name of registered agent and the # applicable         (NOTE: Registered Agent equinered agent, or both, in the State of Florida.         SIGNATURE         Signature, typed or preted name of registered agent and the # applicable         (NOTE: Registered Agent equinered agent, or both, in the State of Florida.         Signature, typed or preted name of registered agent and the # applicable         (NOTE: Registered Agent equinered agent is a the # applicable         (NOTE: Registered Agent equinered agent, or both, in the State of Florida.         Signature, typed or preted name of registered agent and the # applicable         (NOTE: Registered Agent equinered agent, or both, in the State of Florida.         Signature, typed or preted name of registered agent and the # applicable         (NOTE: Registered Agent equinered agent is a the many 1, 2002 Fee will be \$\$55,000         This corporation is eligible to satisfy its Intangible         The Happing Agent agent and bettered agent and bette to do so.         (See criter	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additio	<u> </u>	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134       Street Address (P.O. Box Number is Not Acceptable)         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.         SIGNATURE		6. Name and Address of Curre	ant Registered Agent				
	343 ALMER	IA AVENUE					
SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 m. Added to F         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE       Change       Change         11.       OFFICERS AND DIRECTORS       11.       Change       Change       Change       Change         11.       OFFICERS AND DIRECTORS       11.       Change       Cha	······	. <u>.</u>					
TITLE       PSTD       Delete       TITLE       Change         NAME       JOHNSON, TRACY L       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STAEET ADDRESS       3621 NW 209TH TERR       STREET ADDRESS       CITY - ST - ZIP         TITLE       S       Delete       TITLE         NAME       JOHNSON, TRACY L       Change       Change         TITLE       S       Delete       TITLE         NAME       JOHNSON, TRACY L       NAME       Change         STREET ADDRESS       3621 NW 209TH TERR       Change       Change         STREET ADDRESS       3621 NW 209TH TERR       Delete       TITLE         NAME       STREET ADDRESS       GCITY - ST - ZIP       Change       Change         STREET ADDRESS       GCITY - ST - ZIP       TITLE       Change       Change         NAME       STREET ADDRESS       CITY - ST - ZIP       STREET ADDRESS       CITY - ST - ZIP         NAME       STREET ADDRESS       CITY - ST - ZIP       Change       Change         NAME       STREET ADDRESS       STREET ADDRESS       CITY - ST - ZIP       Change         NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS <th>9. This corpora Tax filing re</th> <th>ation is eligible to satisfy its Intangil quirement and elects to do so.</th> <th>ible FILE NOW After May 1, 20</th> <th>/!!! FEE IS \$150.00 002 Fee will be \$550.00</th> <th>10. Election Campaign Financing     \$5.00       Trust Fund Contribution.     Added to</th> <th>Fees</th>	9. This corpora Tax filing re	ation is eligible to satisfy its Intangil quirement and elects to do so.	ible FILE NOW After May 1, 20	/!!! FEE IS \$150.00 002 Fee will be \$550.00	10. Election Campaign Financing     \$5.00       Trust Fund Contribution.     Added to	Fees	
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