FOR PROFIT CORPORATION

UN	IIFORM BUSINES	S REPORT					
DOCUM	MENT#			FILED.			
1. Entity Name				02 JUL 30 AM 11: 30			
FLOMAR CORPORATION PG600062400			2400				
*				SECRETARY OF STATE			
	O NOT WRITE	IN THIS SP	ACE	The state of the s			
•	The same of the sa	3. Mailing Address: L. A.	1 105	- Demicratement 0/-	12		
2. Principal Place of Business 5901 NW 151 TH ST		5881 N.W. 151 2180		DO NOT WRITE IN THIS SPACE			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					
City & State MIAM	II. FL	City & State MIAMI	LAKES FL	65-0692735 Not Applica	_		
Zip	Country	33014	Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required			
33014	usA	33014	1.3.71	7. Name and Address of Current Registered Agent	_		
			Name OSCAR E. FLORES				
	DO NOT WF	RITE	Street Address	(P.O. Box Number is Not Acceptable)			
-	F-FIN-THIS SPA	ACE	588/	N.W. 151 ST Suite 110			
			City MIA	Zin Code	<u>'</u>		
8 The above i	named entity submits this statement for the	he purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.			
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0.0.11.71.05	CHU W	OSCAP		es 7/22/02.			
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NAME

CITY ST ZIP

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-592-0394 Daytime Phote #