

FILED

Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 028 ***550.00

Principal Place of Business	Mailing Address
7820 NORTHWEST 42ND COURT HOLLYWOOD FL 33024	7820 NORTHWEST 42ND COURT HOLLYWOOD FL 33024

City & State PEMBROKE PINES FL.		City & State	
Zip 33024	Country USA	Zip	Country

4. FEI Number 65-0701797	Applied For
	Not Applicable
5.-Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
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 ANGEL A. ALOMA
Angel A Aloma PRESIDENT 8-25-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$550.00. After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALOMA, ANGEL A 7820 NW 42 CT HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ALOMA, DOMINIC 7820 NW 42 CT HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL A. ALOMA 8-25-00 (541)
SIGNATURE OF OFFICER 442-0009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #