

FILED May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

	999	DIVISION OF CORP	ORATIONS	537430 - 90232 - 48		,
DOCUM 1. Corporation FEDERAL	ENT # P96000	•				
Dringland Blace	of Rusiness	Mailing Address				
Principal Piece of Business Making Accress \$ 2159 N.W. 23RD AVENUE \$ 2159 N.W. 23RD AVENUE						
WAM FL 13142	A MICHAE	MIAMO FL 33142		DO NOT WRITE IN THE	SPACE	
`~				3. Date incorporated or Qualifed		İ
`				10/08/1996		
A Caradaal Die	ice of Business	2a. Mailing Address		4. FEI Number		od For
2. Principal Pti		26		65 -0703123	\$8.75 Ad	
Suite, Apl. 8	I, etc.	Surte. Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	
2		27		8. Election Campaign Financing	\$5.00 M	
City & State		City & State		Trust Fund Contribution	Added to	Fees
3	Country	28	Country	8. This corporation owes the current year in	ntangible	I
Zip	[25]	29 30	4	Personal Property Tax.		<u> </u>
<u> </u>	9. Name and Address of Currer			10. Name and Address of New Registers	o Agent	
			81 Neme			
AVEL	A, MANUEL		82 Street Add	dress (P.O. Box Number is Not Acceptable)		(
	50 N.W. 23RD AVENUE					
MAN	H FL 33142		83		100 750	
			84 City	F	85 Zip Co	i
		The Contract of the Contract o	he shows partled CO	moration submits this statement for the purpose	of changing its re	gistered
office or n agant. I a	to the provisions of Sections 607.050 spiritured agent, or both, in the State m familiar with, and scoapt the obligi	ations of Section 607,0505, Florida	Statutes.			
			stered Agent signature requ	DATE		
SIGNATURE	Shareture, broad or printed name of registered by	ent and title if applicable (NOTE: Regi NO DIRECTORS	alered Agent signature requ 13.	and when remaining) DATE ADDITIONS/CHANGES TO OFFICERS		
	Signifiare, typed or privated name of registered sep OFFICERS AI	ent and the dispetable (NOTE: Regi	stered Agent signature requi 13. 1.1 TITLE	DATE	AND DIRECTOR	S IN 12
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14. 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 is indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an indicated on this annual report or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MONATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR