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May 22 1997 8:00am

Secretary of State

(954) 424-9000

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097860 (6)

GREGORY E. MONALDI, P.A.

Mailing Address Principal Place of Business 14140 SW 21ST ST 14140 SW 21ST ST DAVIE FL 33325-5407 DAVIE FL 33325 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0712257 21 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žφ Country This corporation has liability for intangible tax under s. 199.032, X Yes D No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATE CREATIONS ENTERPRISES, INC. Gregory E. Monaldi 4521 PGA BLVD #211 Street Address (P.O. Box Number is Not Acceptable) 14140 S.W. 21st Street 82 PALM BEACH GARDENS FL 33418 83 84 Davie, FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Or both, in the sale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. With and accept the appointment as registered agent. ered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THLE 1.1 TITLE MONALDI, GREGORY E 1.2 NAME NAME 14140/SW 21ST ST 1.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33325** 1.4 CITY - ST - ZIP CHTY- S1 DELETE Change Addition 2.1 TITLE THEF NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - 2iP C-Tr - ST - ZiP Change Addition DELETE 3.1 TITLE Illtí 3.2 NAME NAME ŧ: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-20P Change DELETE 4.1 TITLE Addition TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY ST-7iP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS 54 City-St-ZiP CITY: ST. 2IP DELETE Change Addition 61 TITLE TITLE 6.2 NAME MAM 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP

Gregory E. Monaldi d

14. I do hereby 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 applied point or supplying annual 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 experience of the control of the experience of the control of the experience of the control of the experience of the exper

SIGNATURE AND TYPER OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR