|                                                                                                                                                                                                                                                                                                 | PROFIT<br>RPORATION                                                                                                |                                                                                                                                    |                                                                        | RTMENT OF STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | May 01                                                                          | 1998 8:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00a                                                |
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| ANNUAL REPORT                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                    | Secretary of State<br>DiVISION OF CORPORATIONS                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Secretary of State                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| •                                                                                                                                                                                                                                                                                               |                                                                                                                    | 9700001                                                                                                                            | 3826 (7)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| MILLY                                                                                                                                                                                                                                                                                           | Tech Graphics,                                                                                                     |                                                                                                                                    |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| •                                                                                                                                                                                                                                                                                               | ce of Business                                                                                                     |                                                                                                                                    | iting Address                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10001100+110 10+11 PO41 90101 DU411                                             | UNIO DUIUI AIBUU IAIUI (BHUG IOD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IU U(I) 1001                                       |
| #142                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                                                                    | 7730 S.W. 156TH COURT<br>#142<br>MIAMI FL 33193                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DO NOT WRI                                                                      | TE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |
| niani FL 331                                                                                                                                                                                                                                                                                    | 80                                                                                                                 | MIF                                                                                                                                | AMI FL 33193                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. Date Incorporated or Qualifier                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| Principal F                                                                                                                                                                                                                                                                                     | Place of Business                                                                                                  | 2a.                                                                                                                                | Mailing Address                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 02/10/1997<br>4. FEI Number                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | plied For                                          |
| 592<br>Sulte, Apt.                                                                                                                                                                                                                                                                              | 3 500 3                                                                                                            |                                                                                                                                    |                                                                        | <u>v 34 ST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 65-0727                                                                         | 7 <b>04</b> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t Applicabl                                        |
| Sulle, Apl.                                                                                                                                                                                                                                                                                     |                                                                                                                    | 27                                                                                                                                 | Suite, Apt. #, etc.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Certificate of Status Desired                                                | i <b>\$8.75</b> /<br>Fee Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |
| City & Stat                                                                                                                                                                                                                                                                                     | ani F                                                                                                              | -L 28                                                                                                                              | City & State                                                           | · FI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Election Campaign Financing<br>Trust Fund Contribution                       | \$5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |
| Zip                                                                                                                                                                                                                                                                                             | Countr                                                                                                             | y .                                                                                                                                | Zip                                                                    | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. This corporation owes or has                                                 | paid the current year Int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | angible                                            |
| 33                                                                                                                                                                                                                                                                                              |                                                                                                                    | ADE 29<br>ess of Current Registe                                                                                                   | 33155<br>ered Agent                                                    | 30 DADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Personal Property Tax due Ju<br>10. Name and Address of New I                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No                                                 |
| ME                                                                                                                                                                                                                                                                                              | RCADO, MILDRED                                                                                                     |                                                                                                                                    |                                                                        | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
|                                                                                                                                                                                                                                                                                                 | 30 S.W. 156TH COUR                                                                                                 | त                                                                                                                                  |                                                                        | 82 Street Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dress (P.O. Box Number is Not Accept                                            | able)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |
| #14<br>MIA                                                                                                                                                                                                                                                                                      | 42<br>Mi FL 33193                                                                                                  |                                                                                                                                    |                                                                        | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
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|                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                                                                                                                                    |                                                                        | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Code                                               |
| 1. Pursuant                                                                                                                                                                                                                                                                                     | to the provisions of Sect                                                                                          | tions 607.0502 and 60                                                                                                              | 7.1508, Florida Statuti                                                | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rporation submits this statement for the                                        | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| 1. Pursuant<br>office or r<br>agent. Ig                                                                                                                                                                                                                                                         | to the provisions of Sect<br>registered agent, or both<br>multimute with, and acc                                  | tions 607.0502 and 60<br>n, in the State of Florida<br>applythe conceptions of                                                     | 7.1508, Florida Statuti<br>a Such change was a<br>Section 607.0505, Pr | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rporation submits this statement for the ation's board of directors. Howeby acc | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| 1. Pursuant<br>office or r<br>agent. In<br>SIGNATURE                                                                                                                                                                                                                                            | to the provisions of Sect<br>registered agent, or both<br>in finderwith, and acc<br>storaget, type of protect name | tions 607.0502 and 60<br>, in the State of Florida<br>entries of gyttions of,                                                      | asto, 8                                                                | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Upll                                                                            | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|                                                                                                                                                                                                                                                                                                 | Signa                                                                                                              | tions 607.0502 and 60<br>h, in the State of Florida<br>of the conductions of<br>and remained a new and Mini<br>of LICERS AND DIREC | Lapplicable (NOT<br>TORS                                               | 84 City<br>es, the above-named cor<br>authorized by the corpora<br>ricta Statutes<br>transferred Agent signature requ<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Upll                                                                            | FL<br>purpose of changing it<br>sept the appointment as<br>DATE<br>DATE<br>CERS AND DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s registerec<br>registered                         |
|                                                                                                                                                                                                                                                                                                 | Stone use, typic or fire ted ranno<br>O                                                                            | FEICERS AND DIREC                                                                                                                  |                                                                        | 84 City<br>es, the above-named cor<br>authorized by the corpora<br>tida Statutes<br>transferred Agent signature requ<br>13.<br>1.1 I/ILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | vired when reinstating)                                                         | FL<br>e purpose of changing it<br>sept the appointment as<br>P20 - 97<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s registered<br>registered                         |
|                                                                                                                                                                                                                                                                                                 | Signa                                                                                                              | FLICERS AND DIREC                                                                                                                  | Lapplicable (NOT<br>TORS                                               | 84 City<br>es, the above-named cor<br>authorized by the corpora<br>ricta Statutes<br>transferred Agent signature requ<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vired when reinstating)                                                         | FL<br>purpose of changing it<br>sept the appointment as<br>DATE<br>DATE<br>CERS AND DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s registered<br>registered                         |
| SIGNATURE                                                                                                                                                                                                                                                                                       | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193                                                           | FLICERS AND DIREC                                                                                                                  |                                                                        | 84 City<br>es, the above-named cor<br>authorized by the corpora<br>vida Statutes<br>transferred Agent signature requ<br>13.<br>1.1 THLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 DITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vired when reinstating)                                                         | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s registered<br>registered<br>IS IN 12             |
| SIGNATURE                                                                                                                                                                                                                                                                                       | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193<br>D                                                      | FLICERS AND DIREC                                                                                                                  | Lapplicable (NOT<br>TORS                                               | 84 City<br>es, the above-named cor<br>authorized by the corpora<br>vida Statutes<br>transferred Agent signature requ<br>13.<br>1.1 HILE<br>1.2 NAME<br>1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vired when reinstating)                                                         | FL<br>purpose of changing it<br>sept the appointment as<br>DATE<br>DATE<br>CERS AND DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s registered<br>registered<br>IS IN 12             |
| SIGNATURE                                                                                                                                                                                                                                                                                       | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193<br>D<br>HAYLOCK, RICK<br>7730 S.W. 156TH                  | FLICERS AND DIREC<br>ED<br>CT #142                                                                                                 |                                                                        | 84 City   es, the above-named correction authorized by the corporation   vida Statute vida Statute   Vida Statute vida Statute   13. 1.1 MLE   1.2 NAME 1.3 STREET ADDRESS   1.4 DITY-ST-ZIP 2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | vired when reinstating)                                                         | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s registered<br>registered<br>IS IN 12             |
| IGNATURE<br>2.<br>TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TREET ADDRESS<br>IREET ADDRESS<br>ITY-ST-ZIP                                                                                                                                                                                     | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193<br>D<br>HAYLOCK, RICK                                     | FLICERS AND DIREC<br>ED<br>CT #142                                                                                                 |                                                                        | 84 City   es, the above-named correction authorized by the corporation   vida Statute authorized by the corporation   13. 1.1 Iffle   12 NAME 1.3 STREET ADDRESS   1.4 DITY-ST-ZIP 2.1 TITLE   2.3 STREET ADDRESS 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | vired when reinstating)                                                         | FL     a purpose of changing it rept the appointment as     Date     FICERS AND DIRECTOR     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s registered<br>registered<br>IS IN 12             |
| IGNATURE<br>2.<br>TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP<br>TLE                                                                                                                                                                                 | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193<br>D<br>HAYLOCK, RICK<br>7730 S.W. 156TH                  | FLICERS AND DIREC<br>ED<br>CT #142                                                                                                 |                                                                        | 84 City   es, the above-named cordination of the corporation of the cor | vired when reinstating)                                                         | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s registered<br>registered<br>IS IN 12             |
| IGNATURE<br>2.<br>TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS                                                                                                                                                         | D<br>MERCADO, MILDR<br>7730 S.W. 156TH<br>MIAMI FL 33193<br>D<br>HAYLOCK, RICK<br>7730 S.W. 156TH                  | FLICERS AND DIREC<br>ED<br>CT #142                                                                                                 |                                                                        | 84 City   es, the above-named correction authorized by the corporation   vida Statute authorized by the corporation   vida Statute authorized by the corporation   13. 1.1 IfILE   1.2 NAME 1.3 STREET ADDRESS   1.4 DITY-ST-ZIP 2.1 TITLE   2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   3.1 TITLE 3.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | vired when reinstating)                                                         | FL     a purpose of changing it rept the appointment as     Date     FICERS AND DIRECTOR     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s registered<br>registered<br>IS IN 12             |
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