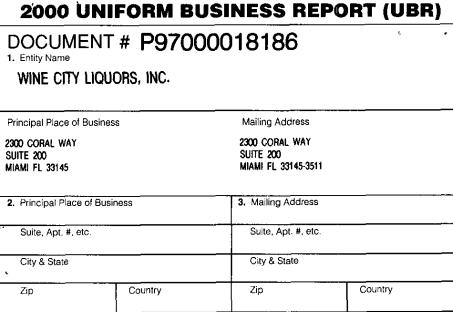
DO MAR IL DM 2-1.1

FILED TENRETARY OF STAFE FASION OF CORPORATIONS



		Mailing Address				บบ ท	ian 14 PFI	44			
Principal Place											
2300 CORAL WAY SUITE 200 MIAMI FL 33145		2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511				1 1881 1981 11 8 (81)	ı (48) 48) (48) (48)		(6 14) (1 65) 1 6 1	u a b ist (a d)	
2. Principal Pi	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4 . F	El Number	65-0732383			plied For t Applicable	
Zip	Country	Zip Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current F	Registered Agent	ered Agent			7. Name and Address of New Registered Agent					
					Name						
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)							
	E 200 11 FL 33145			City					Zip Code		
								FL	Zip Code	·	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW! After MAY 1, 20 Make Check Payab	will be \$550.00			Campaign Finance and Contribution.	ing	\$5.0 (Added	May Be to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	.,	AD	DITIONS/CHAN	NGES TO OFFICE	RS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUINTANA, ENRIQUE 11335 W. FLAGLER STREET MIAMI FL 33174					000	10031 -03/17/00 ****150.	744 010 90 •	161999 1730: ***15!	Addi ion 22 0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINISTRA DE CONTA	☐ Delete			B	3/14] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete		ı				(Change	Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND THE PARTY FOR MANY OF SIGNANG OFFICER OR DIRECTOR

Daytime Phone #