DOCUMENT # P97000020990  1. Entity Name  ALLIANCE LAND COMPANY				FILED Jan 26, 2000 8:00 am Secretary of State 01-26-2000 90016 046 ***158.75	
810	ST RIVERFRONT TERRACE	Mailing Address  8758 SOUNT OF RIVERERO TEQUESTA P. 33477-4402	*		906855
Suite, Apt.	SATURN ST	<b>POB 67</b> Suite, Apt. #, etc.	8857	DO NOT WRITE IN T	III (FIRTI BAJIA IAIII) IAIIT AARI IAAI HIS SPACE
City & State		O'RA NO	FLA	4. FEI Number 65-0733794	Applied For
J UP	Country Country	Zip	Country		Not A; n iii - <b>\$8.75</b> Additional
334	6. Name and Address of Current	32867		Certificate of Status Desired     Name and Address of New Registe	Fee Required
	O. Haile alla Aduless of Outlett	rogistered Agont	Name		
TEQL	S.E. SUPERFRONT TERR JESTA FL 33469  named entity submits this statement for		City registered office or register	33477 33477	FL Zip Code
SIGNATURE	<del></del>	. CRISTIN		grad I brist	1-17
Tax filing re	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After MAY 1, 200	Pregistered Agent signature reports  FEE IS \$150.00  Fee will be \$550.00  to Department of St	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May B
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRISTINI, ALFRED L 8758 SOUTL AST RIVERFRONT TEQUES ASL 33469	TERRACE Delete	EN CU	BIOSATURN ST NIT 16-196 UPITER FLA 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CRISTINI, JACQUE C 8758 SOUTH EAST RIVERFRONT TEQUESTA N. 33469	Delete Du	STIPME NAME STOPETATION	310 SATURNS	□ Change □ ST., UNIT 16 33477
TITLE NAME STREET ADDRESS CITY-ST_ZIP	VP CRISTINI, AL 8758 S.E. RIVERFRONT TERRAC TEQUES A.N. 33469	□ Delete	TITLE NAME OWNER ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ · · ·
TITLE NAME STREET AOORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
13. I hereby o	on this report or aumolomoptal report i	e true and accurate and that m	w cianatura chall hava the	Section 119.07(3)(i), Florida Statutes. I furthe e same legal effect as if made under oath; the Torida Statutes; and that my name appe	iat I am an officer of direct
SIGNAT	URE: SIGNATURE AND TYPED OR	NINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date O.T.	Dwytime Phone # 9 = =