2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90213 018 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Ar. 1. Street Address of Status Desired Capent S9PIEGEL & UTREPA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 Surprises of registered agent and the if applicable (NOTE Registered Agent signalure required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SITEEL AUDERSICH. FLOORESS (CITY-ST-ZIP CITY-ST-ZIP	olied For Applicable ional
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Specificate of Status Desired See Require 8. 75 Ac Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 City Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent and title if applicable SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 16. AND THE MERCHANGES TO OFFICERS AND DIRECTOR 17. ADDITIONS/CHANGES TO OFFICERS AND DIREC	olied For Applicable ional
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: