FOR PROFIT CORPORATION

FILED May 27, 2002 8:00 am

	IIFONIN DOSIN				7	Secretary	of State	
DOCUMENT # 297000036782 . Entity Name						Secretary of State 05-27-2002 90394 040 ***150.00		
PW TO	wing, inc.	< 1						
	O NOT WRIT	E IN THIS	SPAC	E				
				<u> </u>				
	ce of Business	3. Mailing Address	Mailing Address SAME					
4970 NW 15th Street SAME Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS S	SPACE	
						Ei Number	Applied For	
City & State	.11, FL 33313	City & State				65 - 0755690	Not Applicable	
<u>Lauderhi</u> ^{Zip}	11, FL 33313	Zip	Count	гу			\$8.75 Additional Fee Required	
33313	Broward				7. Na	me and Address of Current Registered		
		والمتعدد		Name				
DO NOT WRITE				Price Waite Street Address (P.O. Box Number is Not Acceptable)				
				4970 Northwest 15th Street				
IN THIS SPACE				Fort Lauderdale, FL 33313				
				City Fort La	auder	dale FL	Zip Code 33313	
? The shove r	named entity submits this statemen	t for the purpose of changi	ing its registere					
o. The above i	harried chicky dubinitio and distances						00/10/0001	
SIGNATURE	P. Warter		Prince	Wiate d Agent signature requ	irod when re	einstating) DATE	03/19/2001	
	Signature, typed or printed name of registered ag				INCO MINISTRE	· ·		
9.÷ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended to Make Check Payable				s \$550.00 s \$61.25	State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS A	ND DIRECTORS						
TITLE	PVPST		TITL	į.				
NAME CTREET ADDRESS	Prince Waite		B	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4970 NW 15th Street Lauderhill, FL		CITY	-ST-ZIP				
TITLE	VP		TITL					
NAME	Andrew M. Excell			EET ADDRESS				
STREET ADDRESS	DDRESS 570 SW 27th Avenue			-ST-ZIP				
CITY-ST-ZIP	Fort Lauderdale,	FL 33312	TITL	E				
TITLE NAME			NAN				and the contract of the contra	
STREET ADDRESS	garante de manus de manus de la companya del companya de la companya de la companya del companya de la companya			EET ADDRESS (-ST-ZIP	,	DO NOT WR	ITE	
CITY-ST-ZIP		- والمنطقة المنطقة ا	in the				and the second of the second o	
TITLE			NAM			IN THIS SPA	CE	
NAME STREET ADDRESS				EET ADDRESS			,	
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE			गाम	Ţ		>		
NAME			NAI STE	ME EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP								
TITLE NAMÉ			NAI NAI					
STREET ADDRESS				REET ADDRESS				
CITY_ST_7IP	1		CIT	Y-ST-ZIP		·		

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prince Waite

03/19/2001 (954) 316-476