CINETRICKS, INC. Incluid Place of Business. Mailing Address Set Sort Re LOD Sold RF 1, 23161 Mailing Address Set Sort Re LOD Sold RF 2, 3316 DO NOT WRITE IN THIS SPACE COUNTY Sold AF, dtt. Solds Apt A, dt. CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State CIV & State	PROFIT CORPORATION ANNUAL REPORT	Katherin Secretar	RTMENT OF STATE ne Harris y of State	,	999 8:00ai y of State	
http://www.initial.com/initial/comments/comment	OCUMENT # P970000			02-03-1999 9002	23 004 ****150.00	
SSB BISCATNE BLUD 10/38 BISCATNE BLVD MM FL 33161 0.0 NOT WRITE IN THIS SPACE MIGHT STREP 3. Date Incorporated of Cualified US 3. Date Incorporated of Cualified Ze Country Signam 3. Date Incorporated of Cualified Signam 3. Date Incorporated of Cualified MAIN Particity of Particity Signam MIGHT 2. Date Incorporated of Cualified Signad 3. Date Country <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
Aur P. 2361 MMM FL 3361 DO NOT WRTE IN THIS SPACE IM P. 2.361 US 3. Data Incorporated or Quarked Principal Place of Business 2a. Mating Address. 4. FEI Number Acaded For Solute, A.G. #, etc. 50 Solute, A.G. #, etc. 6. Corticato of Status Desized Solute, A.G. #, etc. City A State Sule, A.G. #, etc. 70 Solute, A.G. #, etc. 70 Solute, A.G. #, etc. 70 City A State Country 8. Controct of Status Desized Feet Required 70 Acaded For Zip Country 20 Country 8. This corporation ones the corrent year Interpolate 70 No State Address of Country 20 Country 8. This corporation ones and Address of Country Tax. 70 No State Address of Country 20 Country 8. This corporation one and Address of Country Tax. 70 No State Address of Co.D. Base Address of No State Address of Co.D. Base Address of No State Address of Co.D. Base Address of	D98 BISCAYNE BLVD	5	•			
US Suite, Apt. R., etc. Suite, Apt. R., etc. City & State City & State City	4 AMI EL 33161			DO NOT WE	ITE IN THIS SPACE	
Principal Place of Business 2a. Malling Address 4. FEI Number Applied For Suite, Apt. #, etc. 2a Suite, Apt. #, etc. 9. Suite, Apt. #, etc. </td <td></td> <td></td> <td></td> <td>·</td> <td>1,</td> <td>•</td>				·	1,	•
Suite. Apt. #. etc. Suite. Apt. #. etc.<	Principal Place of Business	2a. Mailino Address				plied For
27 S. Certificate Of Status Desired Fee Required City & State City & State S. 20 May Be Addet to Fee Zip Country Zip Country S. 20 May Be Addet to Fee Zip Country Zip Country S. 20 May Be Addet to Fee Zip Country Zip Country S. 20 May Be Addet to Fee State Jap Personal Property Tax. Kee No State Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent LONGMAN, THOMAS J Kei State Address (P.O. Box Number is Not Acceptable) Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Address (P.O. Box Number is Not Acceptable) Kei Kei Longet State Addr						
City & State City & State 4. Election Campaign Financing \$5.00 May Bo Zip Country Zip Country 8. Bisconnoise the current year integrities Joint Sund Country Zip Country 8. This corporation over the current year integrities Joint Sund Country Zip Country 8. This corporation over the current year integrities Joint Sund Country Zip Country 8. This corporation over the current year integrities Joint Sund Country Zip Country 8. This corporation were the current year integrities Joint Sund Country Zip Street Address (P.O. Box Number is Not Acceptable) 8. Superior Country Street Address (P.O. Box Number is Not Acceptable) 8. 8. Superior Country Storet Address (P.O. Box Number is Not Acceptable) 8. 8. Superior Country Storet Address (P.O. Box Number is Not Acceptable) 8. 8. Superior Country Storet Address (P.O. Box Number is Not Acceptable) 8. 8. Superior Country Storet Address (P.O. Box Number is Not Acceptable) 8. 8. Superior Country Storet Address (P.O. Box Number is Not Acceptable) 8. 8.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		
Bit Torus Fund Contribution Added to Fees Zip Country 2ip Country 8. This corporation over the current year Interrupple Interview Personal Property Tax. Types This corporation over the current year Interrupple LONGMAN, THOMAS J 10. Name and Address of Keve Registreed Agent 10. Name and Address of Keve Registreed Agent 10. Name and Address of Keve Registreed Agent Street Address (P.O. Box Number is Not Accesptable) 81 Name 10. Name and Address (P.O. Box Number is Not Accesptable) 304 MIAMI FL 33161 63 10. Name and Address (P.O. Box Number is Not Accesptable) 61 City FL 86 2ip Code 61 City FL <td>City & State</td> <td></td> <td></td> <td>6. Election Campaign Financing</td> <td>\$5.00</td> <td>· · · · · · · · · · · · · · · · · · ·</td>	City & State			6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
Image: Second Second Second Address of Current Registered Agent Second Sec			Country		Added t	to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UDNGMAN, THOMAS J 81 304 82 MIANI FL 33161 84 84 City 85 84 84 City 85 84 84 City 85 84 84 City 85 84 86 City 87 84 88 City 89 City 89 City 80 City 81 City 82 City 83 City 84 City 85 City 84 City </td <td>· _ ·</td> <td></td> <td> <i>`</i></td> <td></td> <td></td> <td></td>	· _ ·		<i>`</i>			
CONGINAN, THOMAS J Signal Safety Signature Signal Safety Signal	9. Name and Address of Current I	Registered Agent			Registered gent	
Charge		line (in		· · · · · · · · · · · · ·		
MIAMI FL 33161	Constitution BISCAYNE BLVD		82 Street Add			144 - 54
B4 City FL 85 Zip Code - Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement. To the purpose of changing its registered - Pursuant to the provisions of Section 607,0502. Florida Statutes. Decempose of changing its registered - Pursuant to the provisions of Section 607,0505. Florida Statutes. Decempose of changing its registered - Section 507,0505. Florida Statutes. Decempose of changing its registered - Section 507,0505. Florida Statutes. Decempose of changing its registered - OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Its and a split and its statement. - E			83			
Affice or registered agent, or both, in the State of Florida: Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Tain factors of Section 607.0505, Florida Statutes. ONATURE Signifuer, types or prised runk of registered agent and title if registrates. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE OFFICERS AND DIRECTORS 13. TITLE OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS MAMI FL 33161 OFFICERS OFFICER OFFICERS OFFICER OFFICERS OFFICER OFFICERS OFFICER	MIAMI FL 33161					
we LONGMAN, THOMAS J teet Address 11098 BISCAYNE BLVD, STE 304 v.st.zp MIAMI FL 33161 Le DELETE 21 NUME Change Addition v.st.zp DELETE 21 NUME v.st.zp DELETE 21 NUME Change v.st.zp DELETE 21 NUME Change v.st.zp DELETE 23 NUME 23 NUME V.st.zp DELETE 33 STREET ADDRESS v.st.zp DELETE 33 STREET ADDRESS v.st.zp DELETE 33 STREET ADDRESS v.st.zp DELETE 34 CITV-ST.zp 24 CITV-ST.zp 25 AVME 42 NUME 43 STREET ADDRESS v.st.zp 43 STREET ADDRESS v.st.zp 43 STREET ADDRESS v.st.zp 44 CITY-ST.zp 21 AVME 22 AVME 23 AVME 24 CITY-ST.zp 42 ADDRESS	office or registered agent, or both, in the State of	f Florida: Such change was au	es, the above-named cor uthorized by the corporat	poration submits this statement for the		registered
EET ADDRESS 11098 BISCAYNE BLVD., STE 304 13 STREET ADDRESS F.ST. 2P IA CITY-ST. 2P E DELETE 21 TITLE Addition 23 STREET ADDRESS F.ST. 2P 24 CITY-ST. 2P E DELETE 31 TITLE 2 A CITY-ST. 2P 24 CITY-ST. 2P E DELETE 31 TITLE 2 A CITY-ST. 2P 24 CITY-ST. 2P E DELETE 31 TITLE STREET ADDRESS 23 STREET ADDRESS VST. 2P 24 CITY-ST. 2P E DELETE 31 TITLE STREET ADDRESS 33 STREET ADDRESS VST. 2P Change Addition 45 ST. 2P Change Addition 45 ST. 2P Change Addition 45 ST. 2P STREET ADDRESS Addition 45 ST. 2P STREET ADDRESS Addition E DELETE STREET ADDRESS Addition KET ADDRESS STREET ADDRESS Addition KST. 2P STREET ADDRESS STREET ADDRESS KST. 2P STREET ADDRESS STREET ADDRESS	office or registered agent, or both, in the State of tragent/liam familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	es, the above-named cor uthorized by the corporat ida Statutes.	ed when reinstating)	DATE FICERS AND DIRECTO	registered gistered
W.ST. ZP MIAMI FL 33161 14 CITY-ST. ZP LE DELETE 2.1 TITLE Change Addition WE 2.3 STREET ADDRESS 2.3 STREET ADDRESS YST. ZP	coffice or registered agent, or both, in the State of the agent. I am familiar with, and accept the obligation GNATURE Signature, typed or printed name of registered agent a 	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	es, the above-named cor thorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	registered gistered
WE 22 NAME VEET ADDRESS 23 STREET ADDRESS Y.ST-ZP 2.4 CITY-ST-ZP .E	coffice or registered agent, or both, in the State of the agent. I am familiar with, and accept the obligation GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E P LONGMAN, THOMAS J	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	es, the above-named cor thorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTO	registered gistered
Let ADDRESS 2.3 STREET ADDRESS Y-ST-ZP 2.4 OTY-ST-ZP E DELETE 3.1 TITLE Change Addition AE 3.3 STREET ADDRESS Y-ST-ZP 3.4 OTY-ST-ZP BET ADDRESS 3.3 STREET ADDRESS Y-ST-ZP 3.4 OTY-ST-ZP BET ADDRESS 3.3 STREET ADDRESS Y-ST-ZP 3.4 OTY-ST-ZP BE DELETE 4.6 CTY-ST-ZP Change Addition 4.2 NAME SEET ADDRESS	confice or registered agent, or both, in the State of registered agent, or both, in the State of signature, typed or printed name of registered agent a OFFICERS AND ALE ADDRESS ALE ADRESS ALE ADRESS ALE ADRESS ALE ADRESS ALE ADRESS AL	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	es, the above-named corr thorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	PL purpose of changing its pointment as reg DATE FICERS AND DIRECTO Change	registered gistered IRS IN 12
E IDELETE 31 TTLE Intre Intre AE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS Y-ST-ZP Intre Intre Intre Intre AE Intre Intre Intre<	A office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of figure agent a signature, typed or printed name of registered agent a OFFICERS AND A CONSTRUCT A CO	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	as, the above-named corr ithorized by the corporat ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	PL purpose of changing its pointment as reg DATE FICERS AND DIRECTO Change	registered gistered IRS IN 12
#EET ADORESS 3.3 STREET ADDRESS /-ST-ZIP 3.4 CTY-ST-ZIP #E DELETE #E	Configure or registered agent, or both, in the State of the agent. I ham flamiliar with, and accept the obligation GNATURE Signature, typed or printed name of registered agent a OFFICERS AND LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E AE	f Florida: Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	Street ADDRESS ADDRES	ed when reinstating)	PL purpose of changing its pointment as reg DATE FICERS AND DIRECTO Change	registered gistered IRS IN 12
HEET ADDRESS 3.3 STREET ADDRESS Image: Street ADDRESS 3.4 CITY-ST-ZIP Image: Street ADDRESS Image: Street ADDRESS Image: Street ADDRESS 4.2 NAME Image: Street ADDRESS 4.3 STREET ADDRESS Image: Street ADDRESS 4.4 CITY-ST-ZIP Image: Street ADDRESS 4.4 CITY-ST-ZIP Image: Street ADDRESS 4.4 CITY-ST-ZIP Image: Street ADDRESS Image: Street ADDRESS Image: Street ADDRESS 5.3 STREET ADDRESS Image: Street ADDRESS 6.3 STREET ADDRESS Image: Street ADDRESS 6.3 STREET ADDRESS Image: Street ADDRESS 6.3 STREET ADDRESS Image: Street ADDRESS 6.4 CITY-ST-ZIP Image: Street ADDRESS 6.4 CITY-ST-ZIP Image: Street ADDRESS 6.4 CITY-ST-ZIP <td>Confige or registered agent, or both, in the State of registered agent. I am familiar with, and accept the obligation GNATURE Signeture, typed or printed name of registered agent a OFFICERS AND CALL AND A CONSTRUCT OFFICERS AND A CONSTRUCT OF A CONSTRUCT O</td> <td>f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS DELETE 04</td> <td>A street ADDRESS A str</td> <td>ed when reinstating)</td> <td>PL purpose of changing its pointment as reported by the appointment as reporte</td> <td>RS IN 12</td>	Confige or registered agent, or both, in the State of registered agent. I am familiar with, and accept the obligation GNATURE Signeture, typed or printed name of registered agent a OFFICERS AND CALL AND A CONSTRUCT OFFICERS AND A CONSTRUCT OF A CONSTRUCT O	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS DELETE 04	A street ADDRESS A str	ed when reinstating)	PL purpose of changing its pointment as reported by the appointment as reporte	RS IN 12
E DELETE 4.1 TITLE Change Addition AE 4.2 NAME 4.3 STREET ADDRESS 4.4 CTY-ST-ZIP Change Addition E DELETE 5.1 TITLE Change Addition AE DELETE 5.1 TITLE Change Addition AE STREET ADDRESS 5.3 STREET ADDRESS Addition V-ST-ZIP 5.4 CITY-ST-ZIP StrEET ADDRESS Addition AE DELETE 6.1 TITLE Change Addition AE STREET ADDRESS STREET ADDRESS Addition AFT-ZIP STREET ADDRESS STREET ADDRESS Addition AFT-ZIP STREET ADDRESS STREET ADDRESS Addition AFT-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRE	office or registered agent, or both, in the State of agent. I fam familiar with, and accept the obligatio GNATURE GNATURE ISIgneture, typed or printed name of registered agent a OFFICERS AND LE HE	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS DELETE 04	as, the above-named construction of the comport of the component of the co	ed when reinstating)	PL purpose of changing its pointment as reported by the appointment as reporte	RS IN 12
Image: Section 119.07(3)(i), Florida Statutes. further certify that the information	office or registered agent, or both, in the State of agent: I am familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E P LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E KE EET ADDRESS (-ST-ZIP E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS DELETE 04	as, the above-named control of the comport of the component of the compone	ed when reinstating)	PL purpose of changing its pointment as reported by the appointment as reporte	RS IN 12
43 STREET ADDRESS 44 CITY-ST-ZIP 44 CITY-ST-ZIP 10 DELETE 51 TITLE 10 DELETE 51 TITLE 10 DELETE 51 TITLE 10 DELETE 51 STREET ADDRESS 10 DELETE 10 STREET ADDRESS 10 STREET ADDRES	office or registered agent, or both, in the State of agent/liam familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E AE AE AE AE AE AE AE AE AE AE AE AE A	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE	A CITY-ST-ZIP A CITY-ST-ZIP A CITY-ST-ZIP A CITY-ST-ZIP A CITY-ST-ZIP A TITLE A CITY-ST-ZIP A TITLE A CITY-ST-ZIP A TITLE A CITY-ST-ZIP A TITLE A CITY-ST-ZIP A TITLE A CI	ed when reinstating)		registered gistered IRS IN 12 Addition
A: ST: ZIP 4.4 CTTY-ST: ZIP E DELETE 5.1 TITLE AE 5.2 NAME IEET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP E 1 DELETE ACTIV-ST-ZIP 6.1 TITLE IEET ADDRESS 0.1 TITLE ACTIV-ST-ZIP 0.1 TITLE IEET ADDRESS 0.1 STREET ADDRESS ACTIV-ST-ZIP 0.1 TITLE IEET ADDRESS 0.3 STREET ADDRESS 6.3 STREET ADDRESS 0.3 STREET ADDRESS 6.4 CITY-ST-ZIP 0.1 TITLE IEET ADDRESS 0.1 STREET ADDRESS 6.4 CITY-ST-ZIP 0.1 TITLE I. hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E RE LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E KEET ADDRESS Y-ST-ZIP E AE KET ADDRESS Y-ST-ZIP L	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE	as, the above-named control as the comport of the component of the compone	ed when reinstating)		registered gistered IRS IN 12 Addition
IE 52 NAME EET ADDRESS 53 STREET ADDRESS A-ST-ZIP 54 CITY-ST-ZIP E 1 DELETE BE 1 DELETE 6.1 TITLE 1 Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP I hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E E P LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E KE EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE	A CITY-ST-ZIP 3. STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)		registered gistered IRS IN 12 Addition
EET ADDRESS 5.3 STREET ADDRESS (-ST-ZIP) 5.4 CITY-ST-ZIP E DELETE IE DELETE 6.1 TITLE Change 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP I. hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND E E P LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E KE EET ADDRESS (-ST-ZIP E E E ET ADDRESS (-ST-ZIP E E E E E E E E E E E E E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE	A CITY-ST-ZIP 3. STREET ADDRESS 2. 4 CITY-ST-ZIP 3. TITLE 3. STREET ADDRESS 4. CITY-ST-ZIP 3. TITLE 3. STREET ADDRESS 3. 4. CITY-ST-ZIP 3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)		registered gistered IRS IN 12 Addition
	office or registered agent, or both, in the State of agent I iam familiar with, and accept the obligatio SNATURE Signature, typed or printed name of registered agent a OFFICERS AND E E P LONGMAN, THOMAS J 11098 BISCAYNE BLVD., STE 30 MIAMI FL 33161 E KE EET ADDRESS (ST-ZIP E E E E E E E E E E E E E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS DELETE 04 DELETE	A CITY-ST-ZIP A CIT	ed when reinstating)	Purpose of changing its ept the appointment as reg DATE FICERS AND DIRECTO Change Change Change Change Change	registered istered IRS IN 12 Addition Addition Addition
E 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 With this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	office or registered agent, or both, in the State of agent. Pain familiar with, and accept the obligatio SNATURE Signature, typed or printed name of registered agent a OFFICERS AND E E E E E E E E E E E E E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS DELETE 04 DELETE	ass, the above-named control thorized by the corporation it is a structure required a structure structure it is a structure structure it is a structure and and it is a structure and it is a structure and it is a	ed when reinstating)	Purpose of changing its ept the appointment as reg DATE FICERS AND DIRECTO Change Change Change Change Change	registered istered IRS IN 12 Addition Addition Addition
EET ADDRESS -ST-ZIP I hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	office or registered agent, or both, in the State of agent liam familiar with, and accept the obligatio SNATURE Signature, typed or printed name of registered agent a OFFICERS AND E E E E E E E E E E E E E	f Florida: Such change was au ons of; Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS DELETE 04 DELETE	ass, the above-named control thorzed by the corporation Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS	ed when reinstating)	Purpose of changing its ept the appointment as reg DATE FICERS AND DIRECTO Change Change Change Change Change	registered istered IRS IN 12 Addition Addition Addition
6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	office or registered agent, or both, in the State of agent I am familiar with, and accept the obligatio GNATURE Signeture, typed or printed name of registered agent a OFFICERS AND E RE RE E RE E RE E E RE E E RE E E E E E E E E E E E E E	f Florida Such change was au ons of, Section 607.0505, Flor and tile if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE DELETE DELETE	ass, the above-named control thorized by the corporation it as it as a stream of the corporation it as a stream of the corporating of the corpora	ed when reinstating)	Purpose of changing its epurpose of changing its ept the appointment as reach DATE FFICERS AND DIRECTO Change Change Change	registered istered IRS IN 12 Addition Addition Addition Addition
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	office or registered agent, or both, in the State of agent Liam familiar with, and accept the obligatio GNATURE Signature, typed or printed name of registered agent a OFFICERS AND LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	f Florida Such change was au ons of, Section 607.0505, Flor and tile if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE DELETE DELETE	ass, the above-named conthorized by the corporation Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ed when reinstating)	Purpose of changing its epurpose of changing its ept the appointment as reach DATE FFICERS AND DIRECTO Change Change Change	registered istered IRS IN 12 Addition Addition Addition Addition
	Configure or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation iGNATURE Signature, typed or printed name of registered agent a OFFICERS AND DOFFICERS AND DOFFICE	f Florida Such change was au ons of, Section 607.0505, Flor and tile if applicable. (NOTE:) DIRECTORS DELETE DELETE DELETE DELETE DELETE	ass, the above-named conthorized by the corporation Statutes. Registered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ed when reinstating)	Purpose of changing its epurpose of changing its ept the appointment as reach DATE FFICERS AND DIRECTO Change Change Change	registered istered IRS IN 12 Addition Addition Addition Addition