

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	AL REPORT		Secretary of DIVISION OF CO		FILED	-
DOCUMENT # P9700056759  1. Corporation Name					99 MAR 23 PM 3: 37	
						<b>         </b>
Dissipal Diss	-f.D.		a Address		! 100/1005 11ft (Bill) (1861 1861) 16614 6011	
Principal Place of Business Mailing Address 7695 SW 104 STREET 7695 SW 104 STREET			-			
210						
MIAMI FL 33156 MIAMI FL 33156				DO NOT WRITE IN  3. Date incorporated or Qualifed	THIS SPACE	
					06/27/1997	
2. Principal Place of Business			2a. Mailing Address		4. FEt Number	Applied For
21		26			APPLIED FOR	Not Applicable
Suite, Apt. #	≠, etc.	f i	uite, Apt. #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional
City & State		27	ity & State			Fee Required
23		28	ny & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Countr			Country	8. This corporation owes the current yo	
24	25	[29]	31		Flersonal Property Tax	[]Yes []No
	9. Name and Addre	ess of Current Register	ed Agent	81] Name	10. Name and Address of New Regis	tered Agent
LITTI	MAN, ERIC P			<b>.</b>		
7695 SW 104 STREET 82 Street Addr					dress (P.O. Box Number is Not Acceptable)	
210				83		
MAM	11 FL 33156			84 City		B5 Zip Code
				1 1		<b>FL</b>
11. Pursuant to office or respont. Lar	o the provisions of Sec gistered agent, or both n familiar with, and acc	tions 607,0502 and 607, , in the State of Florida ept the obligations of Si	1508, Florida Statutes Such change was auth ection 607,0505, Florid	the above-named co orized by the corpora a Statutes	rporation submits this statement for the purportion's board of directors. Thereby accept the	ose of changing its registered appointment as registered
SIGNATURE		- <b>,.</b>				
		of registered agent and the if ap		gistered Agent signature requ E 48		di
12.	PSD	FFICERS AND DIRECT	[   DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change [   Addition
NAME	LITTMAN, ERIC P		(   Dett.	12 NAME		til a mila
STREET ADDRESS	7695 SW 104 STR	EET		13 STREET ADDRESS		į :
City-St-ziP	MIAMI FL 33156			14 CITY-ST-ZiP		
TITLE			[ ] DELETE	2 1 TIFLE		[_] Change [_] Addition   1
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			[] DELETE	2 4 CHY-ST-ZIP 3 1 THLE	at and control of the	15684-144
NAME				3.2 NAME	411000000 -02/22/96	301083005
STREET ADDRESS				3.3 \$TREFT ADDRESS	***1500.	
CITY-ST-ZIP				34 CHTY-ST-ZIP	4441300	
TITLE			[.] DELETE	41 TitLF		[   Change
NAME				4 2 NAME		
STREET ADDRESS				43 STREET ADDRESS		į
CITY-ST-ZIP TITLE			[   DELETE	4.4 CiTY+S1+ZIP 5.1 TiTLE		[   Change
NAME			-	5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		j
CITY-ST-ZIP				54 City St 20		n a
TITLE			[   DELETE	61 TiftE		[ ] Change (Add (Ca)
NAME				62 NAME		プレック

64 CITY-\$1-ZIP 14. 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 annual report or supplemental annual 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 faceiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address, with all other like empowered.

63 STREET ADORESS

SIGNATURE:

STREET ADORESS

CITY-ST-ZIF

**ERIC P. LITTMAN** 

305 663-3333