2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000091787** 1. Entity Name **CONGA CORPORATION** Prin

FILED Mar 16, 2000 8:00 am Secretary of State 03-16-2000 90098 037 ***150.00

			Mailiam Anlalanan										
Principal Plac	e of Business		Mailing Address										
1195 N.W. 97TH AVENUE Miami Fl 33172		1195 N.W. 97TH AVENUE MIAMI FL 33172-2840											
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.										
							DO NOT WRITE IN THIS SPACE						
City & State			City & State		4. FEI Number 65-081553		 38	× —		Applied For			
Zip		Country	Zíp	Cour	itry	5. (Dertificate of	Status Desired		\$8.75 Fee Re	5 Addi	tional	
6. Name and Address of Curren			Registered Agent	gistered Agent			7. Name and Address of New Registered Ag				<u> </u>		
	01 (101110 011		. regional rigeria		Name								
COHEN, BERKE B BRODIE						Street Address (P.O. Box Number is Not Acceptable)							
	H FLOOR, C/C I S BAYSHOR) frank arbide e dr											
	VII FL 33133				City				F	Zip	Code		
								a the Ctate of F					
s. The above	named entity st	Johns this statement i	or the purpose of changir	ig its register	ea onice ar regis	stereu ayı	zni, or bour, i	IT the State of t	ioriun.				
SIGNATURE .													
	Signature, typed or p	rinted name of registered agent	t and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when re	instating)		DATE				
				· · · · · · · · · · · · · · · · · · ·	d Agent signature requ	uired when re		- C					
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of the corporation of supplies make a poor is true and accorde and true my signature shall have the same legal effect as it made under oath; that it am an officer or officer 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 Block 12 if changed, or on an attachment with an address, with all either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR