FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P9800002686					05-13-2002 90146 011 ***150.00		
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T 2		, and a second s					
	DO NOT WRITE	IN THIS S	PACE				
2. Principal P	Place of Business Point Place	3. Mailing Address	3. Mailing Address 21050 Point Place				
Suite, Apt. #, etc. Apt. 1603		Suite, Apt. #, etc. Apt. 1603			DO NO	OT WRITE IN THIS SPA	4CE
aventura, FL		City & State Aventura, FL		4. FEI Number	+1079	Applied For Not Applicable	
33180	Country	^{2ip} 33180	Country	usa	5. Certificate of Status De	esired	3.75 Additional e Required
Section 2	In the house of the same of the same	The state of the state of the			7. Name and Address of C		
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يسدي و ميدها ورسالا الاستان الاستان		Carlo and the state of the stat	S	treet Address (P.O. Box Number is Not Acc	eptable)	
	IN THIS SP	ACE		21050 F	Point Place,	apt 16	03
				avent			Zip Code 33180
8. The above	named entity submits this statement for	the purpose of changing its	registered o	ffice or registere	ed agent, or both, in the Stat	e of Florida	33180
				Ü	3	o or riorda.	
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Age	nt signature required	when reinstating)	DATE	···
9. This corpor	ation is eligible to satisfy its Intangible	January 1 - M	av 1 Fee is	\$150.00		DATE	
Tax filin ∮ re (See criteria	equirement and elects to do so.	After May Amender	1, Fee is \$5 d UBR is \$6	50.00 1.1.15 1.25	10. Election Campa Trust Fund Cont		\$5.00 мау Ве
11.	OFFICERS AND D	Make Check Payab	le to Depar	tment of State	e		Added to Fees
TITLE	PD	·	TITLE				
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STREET ADDRESS CITY-ST-ZIP	21050 Point PL, Oventura, FL 3	#1603	STREET AD				
TITLE	VD	<u> </u>	CHX*21-Y	Personal Contract			· A State
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NAME			TITLE NAME:				
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDR				20 mg Ann 18 , Am Angell and
	tify that the information are a second as	- FI'	CITY-ST-ZIP				
indicated on	tify that the information supplied with thi this report or supplemental report is tru	s tiling does not qualify for the and accurate and that my	he exemption signature sh	stated in Sectional base the sar	on 119.07(3)(I), Florida Statu	tes. I further certify the	at the information

Thereby Cethy 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 11 or on an analysis.

SIGNATURE: \(\)

DENNY BEN-Show Signature and type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 305-466-3790