

DOCUMENT # P98000007374				
1. Entity Name ALTMANN ENTERPRISES, INC.				
Principal Place of Business 1400 N.E. 191 STREET SUITE 202 NORTH MIAMI BEACH FL 33179		Mailing Address 1400 N.E. 191 STREET SUITE 202 NORTH MIAMI BEACH FL 33179-4073		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
ALTMANN, ROBERT 1400 N.E. 191 STREET SUITE 202 NORTH MIAMI BEACH FL 33179		Name		
		Street Address ()		
		City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.				
SIGNATURE _____		(NOTE: Registered Agent signature required)		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS				
TITLE	D ALTMANN ENTERPRISES, INC. 1400 NE 191ST SUITE 202 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete	TITLE	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Robert Altman</u> ROBERT				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

[illegible]

DO NOT WRITE IN THIS SPACE

4. FEI Number	XXXXXXXXXX	Applied For
		Not Applicable

5.	see attached	\$9.75 Additional
7.	letter.	& Required
		ent

P.O. Box Number is Not Acceptable)	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTMANN ENTERPRISES, INC. 1400 NE 191ST SUITE 202 N. MIAMI BEACH FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Altman ROBERT ALTMAN 305 949-5240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
00039292
#P98000007374

From: ROBERT ALTMANN,
ALTMAN ENTERPRISES INC.,
1400 NE 191 STREET, APT. 202
NORTH MIAMI BEACH
FLORIDA 33179

PLEASE TAKE NOTE: -

The I.R.S. gave me a new Employer ID Number (**EIN**)

which is: **65-0914673**

Yours Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Altmann".

Robert Altmann.
President.