3 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

	\cap	INA		T #
IX.	ハィ	JΙVΙ	L 1/	#

P98000009242

1. Entity Name

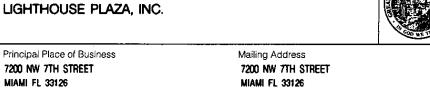
2. Principal Place of Business
299 ALHAMBRA CR.

#, elc.



Suite, Apt. #, etc.

City & State





103 SEP -9 PM 3: 56



SECRETARY OF STATE FALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHA	ANGES
. FEI Number 65-0812077	Applied For
00700 12077	Not Applicable

City & State CORAL G	ABLES, FL	City & State	SABLES PZ	4. FEI Number 65-0812077	Applied For		
			,		Not Applicable		
^{Zip} 33174	Country USA	Zip 33194	Country . USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Nam	e and Address of Currer	nt Registered Agent		7. Name and Address of New Registe	ered Agent		
DAMOS LISA C			Name 🚣	OUIS O. GONZA	182		
RAMOS, LISA G 7200 NW 7TH STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable) 299 ALHAMBRA CIRCLE #4/05			
MIAMI FL 33126		<	Suise 40V				
			City CORN	AL GABLES	FL Zip Code 3 3/3/		
The above named enti- the obligations of regis		for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	I am familiar with, and accept		

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.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

3. Mailing Address 299 ALHAMBRA CR.

SUITE 405

Suite, Apt. #, etc.

City & State

Covis O. Gonzaluz

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Checi	k Payable to Florida Department of State			ilidscrupid Continuation. Aqued to Fees
10.	OFFICERS AND DIRECTO	DRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LOUIS O 7200 NW 7TH STREET MIAMI FL 33126	. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP GONZALEZ, LOVIS D, Grange Addition 299 ALHAMBRA CR # 405 CORAL GABLES, FZ. 33/34
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, IRIS J 7200 NW 7TH STREET MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CFONZALEZ LOUIS O. 299 ALAANBRA CR. HUDV CORAL GABLET, FZ. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022883293 Change Addition 09/09/0301059003 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

^{12.} I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Prosident LOUIS O. GMZaler 9/8/0