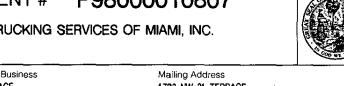
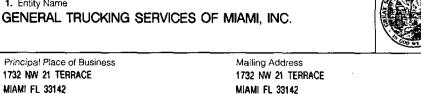
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90965 048 \*\*\*150.00

P98000010807

1. Entity Name





2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4.

11021101



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 65-0834343	4. FEI Number 65-0834343		
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			

MENDEZ, JOSE M 1732 NW 21 TERRACE **MIAMI FL 33142** 

SIGNATURE

_Name	. <u>.</u> .	, '-	• ·	<u>-</u>
Street Add	dress (P.O. Box	Number is Not Acce	ptable)	
	<u> </u>			···
City			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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution

Make Checi	Repartment of State				moore and oom				
10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE .	DP MENDEZ, JOSE M 1732 NW 21 TERRACE MIAMI FL 33142	☐ 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				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	į.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 17			☐ Change	Addition	

12. 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 10 or Block 11 if

SIGNATURE: