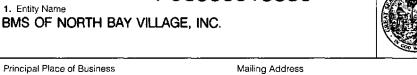
04-30-2003 90316 002 ***150.00

Not Applicable

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P98000015880



SOUTH MIAMI FL 33143		SOUTH MIAMI FL 33143		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

|--|--|--|

CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0818977

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, VICTOR Street Address (P.O. Box Number is Not Acceptable) 5901 SW 74TH STREET #205 MIAMI FL 33143 City Zip Code

		<u>. L</u>	
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 Florid	ta. I am familiar with, and accep	pt
	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

Make Check Payable to Fiorida Department of State

SIGNATURE

(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing

\$5.00 May Be Added to Fees

DATE

Trust Fund Contribution.

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition ☐ Delete BROWN, VICTOR NAME NAME 5901 SW 74TH ST, STE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

CITY-ST-ZIP		CITY-ST-ZIP	•
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	☐ Change ☐ Addition
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	☐ 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.

SIGNATURE:

MTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR