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VI.	1. ASLAC /ECIA						Y -5 PM 2:5	
Principal Plac	ce of Business		Mailing Address					
1632	6 SCU 26 Nipama(Fl	OT	P.O.B SOUTH	OX 82	300P	3		
ำ	Nigama (Fl	33027	SOUTH	Plon D	\mathcal{A}			
	Place of Business ,		3. Mailing Address	3300	0			
163	26 SW 2	6 <i>5</i> T	J. Walling Address	30 X 80	20613)		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				ITE IN THIS SPACE	
City & Stet	libamal		City & State	(OR)DF)	4. FEI Number 650818086	1 514 [979	Applied For
Zip	Country	and I	Zip	Country	71	5. Certificate of Status Desired	\$8.75	
30	6. Name and Address	of Current f	Registered Agent	BROWO	MW.	7. Name and Address of New F	Fee Requ	ired
JISS		rmua		Name	TUS	sef. P. Muño		
	326 SW			Street A	Address (F	P.O. Box Number is Not Acceptable		
10	MIRAMAY	F(33027	16	032	6 SW 26	ST	
	***************************************			City	700	IRAMAR	FL Zig C	ode 27
. The above	named entity submits this	statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in the State of Flo		SU C.T
IGNATURE)	Signature, Aped or Frinted name of r	Mun registered agent a	d title if applicable (NOTE:	Registered Agent sígna	berluper erut	when reinstating)	1/24/2000	2
. This corne	pration is eligible to satisfy in	ts Intangible	V	THE PROPERTY AND A STATE OF	10000	07800 F-9779		
Tax filing r	requirement and elects to d ria on back)	_	After MAY 1: 200 Make Check Payabi	医多型性阴茎的 医骶骨切除的 医皮肤性病 医皮肤炎	550.00	10. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees
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