

DOCUMENT # P98000036726

### 1. Entity Name

Principal Place of Business	Mailing Address
6848 SW 39 ST MIAMI FL 33155	6848 SW 39 ST MIAMI FL 33155-3733

Mailing Address

6848 SW 39 ST  
MIAMI FL 33155-3733

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

Applied For
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Not Applicable
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### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

~~FILE NOW!!!-FEE-IS \$150.00~~

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE  
NAME  
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TITLE  
NAME  
- STREET ADDRESS  
CITY- ST- ZIP \*

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	Change	Addition
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

CR2E034 (9/99)