## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

-15/102

	33 KEPUK	(UBK)	FILED	
DOCUMENT # P98000038507			02 APR 30 AM 9: 35	
AMERICAN DYNAMICS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE	IN THIS SI	PACE	TALLAHASSEE, PLONIO	, ,
2. Principal Place of Business	3. Mailing Address	and the second s		
40304 Fisher Island Drive #40304 ** etc. Suite. Apt. #. etc.			DO NOT WRITE I	N THIS SPACE
City & State Fisher Island, Florida	City & State		65-0845214	Applied For
Zip   Country   33109   USA	Zip	Country	5. Certificate of Status Desired	Not Applicable . \$8.75 Additional
		55,100 ETV	7. Name and Address of Current Re	Fee Required
		Name Name		Jiarased Adeut
DO NOT WI IN THIS SP		1000 (S. 1000) 1100 (S. 1000)	P.O. Box Number is Not Acceptable)	
		201 Alham Coral Gab	bra Circle, Suite 6	
The above named entity submits this statement or to the statement of	he surness of changing up of	Coral Gab	les	FL Zip C3/3134
	and physical changing its i	egistered office or registere	ed agent, or both, in the State of Florida	
SIGNATURE Signature, typod or printed name of registered agent and	the dimercante		4/22/0	X
9. This corporation is eligible to satisfy its Intangible Fax filling requirement and elects to do so. (See criteria on back)	January 1 - Ma After May 1 Amended Make Check Payable	Registered Agent agrature inspired v IV 1 Fee Is \$150.00 Fee Is \$550.00 UBR Is \$61.25 P to Department of State	10. Election Campaign Financi	DATE  PG \$5.00 May Be Added to Fees
11. OFFICERS AND DI	RECTORS	School Street	ACTION OF THE ACTION OF THE STREET	
NAME Leon Cohen CITY-ST-ZIP 40304 Fisher Island I	Orive, #40304	NAME SIRET ANDRESS.		15000 15000
THTE Fisher Island, F1. 33  NAME STREET ADDRESS CITY ST-ZIP	3109	TITLE MAME STREET ADDRESS CITY STEAR	100095 -04/26/ ****600	1514717
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IME MAME STREET ADDRESS CITY-ST-ZIP	DO NOT W	RITE
TITLE VAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY: ST. 2IP	IN THIS SP	THE RESIDENCE OF THE PROPERTY
ITLE IAME TREET ADDRESS ITY-ST-ZIP		NAME STREET ADDRESS CITY: ST' ZIP		
ITLE AME RREET ADDRESS TY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST ZIP		
<ol><li>I hereby certify that the information supplied with this findicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address, with all other like empower</li></ol>	illing does not qualify for the and accurate and that my sign ed to execute this report as ared.	Second Construction (Construction of Construction of Construct	n 119 (7/3)(i) Torida Statutes. Further legal effect as if made under bath; tha legal statutes; and that my name app	certify that the information it I am an officer or director ears in Block 11 or on an
SIGNATURE: Leon Cohen, Di-	rector		4/22/01	305-672-00K