Principal Place of Business 1.393 SN 1ST ST 1.394 April Flow of Developed Shall		JMENT	# P9800003	INESS REP 8618 PORT & DISTR	,	· · · · · · · · · · · · · · · · · · ·	May 2 Secre	FILE 1, 200 etary	01 8 of S	tate
City & State Country Zip Country Zip Country S. Certificate of Status Desired S. 75 Accidional Pear Reported S. Name and Address of Current Registered Agent States Desired S. 75 Accidional Pear Reported S. Name and Address of Current Registered Agent Name Street Address of New Registered Agent	1393 430 MIAMI US	SW 1ST	33135	1393 SW 1S 430 MIAMI, FL. US			C0068	3638		
Zip Country Zip Country S. Cartificate of Status Desired Status De	Suite, Ap	νί. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name 1. Name Name Street Address (P.O. Box Number is Not Acceptable) City FL 2/c Code 2. The above earned entity submits this statement for the purpose of changing its registered differe or registered agent, or both in the State of Florida. SIGNATURE Sequents typed a pretice from a logicular operation of the purpose of changing its registered differe or registered agent, or both in the State of Florida. SIGNATURE Sequents typed a pretice from a logicular operation of the purpose of changing its registered agent, or both in the State of Florida. SIGNATURE Sequents typed a pretice from a logicular operation of the purpose of changing its registered agent, or both in the State of Florida. SIGNATURE Sequents typed a pretice from a logicular operation of the surround. ACT Sequent Sequen	City & Sta	ate		City & State			_4FEI_Number			Applied For
Name and Address of Current Registered Agent	Zip		Country	Zip	Coun	itry	5. Certificate of Status Desired		\$8.75 A	dditional
ALFONSO, JOSE R 11790 SW 18ST 530 MIAMI, FL. 32175 City FL Zip Code		6. Name a	nd Address of Current F	Registered Agent		N	7. Name and Address of New	v Registered		
SIGNATURE SIGNATURE SOUTH STATE ADDITIONS (See criteria on back) OFFICERS AND DIRECTORS OTFIST-2P MIAMI, FL. 33175 OFFISER ADDITIONS OTFIST-2P MIAMI, FL. 33175 OFFISER ADDITIONS OTFIST-2P MIAMI, FL. 33175 OFFISER ADDITIONS OTFIST-2P INTER ADDITIONS (There are not a proposed with the significance of the signific	11790 SW 18ST 530						P.O. Box Number is Not Acceptal	ble)		
SIGNATURE Signature. Typed or printed frame of registered agent and tall it approaches. NOTE Requirement Agent segrature required segration required req		•				City		FL	Zip Cod	de
TITLE MAME ALFONSO, JOSE R Delete NAME NAME STREET ADDRESS STREET	Tax filing (See crite	requirement and	d elects to do so.	After MAY 1, 20 Make Check Paya	001 Fee	will be \$550.00	Trust Fund Contribut			
ALFONSO, JOSE R 11750 SW 18 ST #530 CITY-ST-2IP ITILE MAME STREET ADDRESS CITY-ST-2IP Change Addition Addition ADDRESS CITY-ST-2IP CHANGE STREET ADDRESS	TITLE					<u> </u>	ADDITIONS/CHANGES TO OF	FFICERS AND	_	
ALFONSO, JOSE R 11750 SW 18 ST #530 CITY-ST-2IP ITILE MAME STREET ADDRESS CITY-ST-2IP Change Addition Addition ADDRESS CITY-ST-2IP CHANGE STREET ADDRESS	STREET ADDRESS	11790	SW 18 ST #5		STREE	T ADDRESS				E034 (44)
TITLE Delete TITLE NAME STREET ADDRESS	name Street address	ALFONSO, JOSE R 11750 SW 18 ST #530				T ADDRESS	☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	j		☐ Delete	NAME STREE	T ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TO Belele TITLE MAME STREET ADDRESS CITY-ST-ZIP THE MAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		₹ •·	☐ Delete	NAMÉ STREET				☐ Change	Addition
NAME STREET ADDRESS SITY-ST-ZIP 13. 1 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 opporation 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: August 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report 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.	NAME STREET ADDRESS		·	☐ Delete	name Street	I			☐ Change	Addition
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: 4-13-01 (305)649-0014	IAME STREET ADDRESS SITY-ST-ZIP				NAME STREET CITY-S	T-ZIP				
	of the corp changed,	oration or the re or on an attachn	supplemental report is the occiver or trustee empower nent with an address, with	ered to execute this report and that if ered to execute this report and hall other like empowered.	as required	re snall nave the sar d by Chapter 607, F	ne legal effect as if made under florida Statutes; and that my nam	oath; that I am ne appears in !	i,an officer o Block 11 or l	or director Block 12 if

SIGNATURE: 2