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SIGNATURE: _

DOCUMENT # P98000039543 I. Entity Name SALVICK ENTERPRISES, INC.						FILED Feb 05, 2000 8:00 am Secretary of State 02-05-2000 90027 013 ***150.00				
Principal Plac		s	Mailing Address							
21 W-80 Place Iami-lakes fl. 33 014			. 821-W-80- PLACE MIAMI-LAKES FL-33014-3309							
2. Principal P 47 Suite, Apt.	lace of Busin 7 W 7 #, etc.	7 st	3. Mailing Address 477 W 77 St Suite, Apt.,#, etc.			DO NOT WRITE IN THIS SPACE				
Gity & State		FL	Gity & State Hialeah, FL			4. FEI Nu	^{mber} 65-0832988		Applied For Not Applied	
Zip 33014 Country USA			33014 Cour		4	Certificate of Status Desired Name and Address of New Registered		Fee Req	\$8.75 Additional Fee Required	
	6. Name	and Address of Current F	egistered Agent	Na	me 🚄 🔥			_		
343	RILAWYER ALMERIA-A AL GABLES			Str	eet Address (5	Box Nu	P FERWAA nber is Not Acceptable)		83014	
Tax filing r (See criter	oration is elig	or printed name of registered agent at ible to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	ole to Depart	150.00 be \$550.00	10.	Election Campaign Financi Trust Fund Contribution.	Ā	5.00 May Be	
ITLE VAME STREET ADDRESS CITY-ST-ZIP	821-W-80	OFFICERS AND DEZ, SALVADOR I PLACE KES FL 33014	Delete	12. TITLE NAME STREET ADD CITY-ST-ZIF	RESS 447	LVADO 7 W 7	NS/CHANGES TO OFFICE R FERNANDE 7 st FL33014	men or		
itle Name Street address City-St-Zip	S FERNAND 821 W 80	DEZ, MARIA VICTORIA	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	5 FEI HI	RWAN 17,W aleal	DEZ, MARIA VI 77 St 1, FL 33014	CTORIA	nge 🗀 • · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIR	RESS	. .		☐ Char -	nge	
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IITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF		, <u>"</u>		Char	nge Additio	
	certify that th	e information supplied with	this filing does not qualify fo	r the exemption	n stated in Se	ction 119.07	(3)(i), Florida Statutes. I fur	ther certify that t	he 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR