

1 of 2

### 1. Entity Name

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 AM 8:12

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
Dr. Raquel Marrero 518 S.W. 88th Place E. Miami, FL 33174	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PVSTD MARRERO, RAQUEL DR. 518 S.W. 88th Place E. MIAMI, FL 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003335060--4 -07/25/00--01055--002 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, director, or 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 1, Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Raquel Marrero 7/07/2000 (305) 221-4049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Raquel Marrero, President

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R. A. DE LA CAMPA, C.P.A., P.A.

EXECUTIVE OFFICES

444 BRICKELL AVENUE

SUITE 51-430

MIAMI, FLORIDA 33131

(305) 371-4046

DIGITAL BEEPER

(305) 939-4109

RAUL A. DE LA CAMPA  
CERTIFIED PUBLIC ACCOUNTANT

July 7, 2000

Secretary of State  
Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32399

Re: Freedom Center, Inc.  
P98000045671

Gentlemen:

Please be advised that the officer for the above-entitled party failed to receive the Annual Report for the above-entitled corporation that was due on May 1, 2000.

She did not reply to your office prior to that date because she thought that the report was indeed filed.

When it was time to gather the tax records of the above-entitled corporation she realized, however, that she had failed to do so.

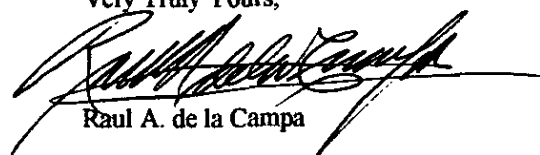
She therefore contacted this office and requested that the undersigned request a blank uniform business report to fill out on her behalf.

We are enclosing same, herewith, and respectfully request that you waive the penalty for late filing as the client never received the papers. She also was unaware as to how to contact the Division of Corporations relative to the timely filing of same.

We thank you in advance for your courtesy and consideration with respect to this matter.

If there is anything further you require, please advise.

Very Truly Yours,



Raul A. de la Campa