2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State 05-30-2002 91600 043 ***150.00

Daytime Phone #

1. Early Name KHINVESTMENT GROUP, INC. Principal Place of Business 715 STH STREET SAME MIAMI BEACH, FL 333139 2. Principal Place of Business 715 STH STREET SAME SAME SAME SAME DO NOT WRITE IN THIS SPACE Only & State Logical Age #, etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Only & State Interprincipal Place of Business DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE SAME SAME SAME SAME SAME DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Only & State Interprincipal Place of Business SAME SAME DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Interprincipal Place of Business SAME Age of the # only only only only only only only only	DOCUMENT # PORODOST		1	01 5 01 5 ta		
KH INVESTMENT GROUP, INC. Principal Place of Blushness T15 5TH STREET MIAMI BEACH, FL 33139 2. Principal Place of Blushness T15 5TH STREET SAME Salie, Apr. 4, ec. City & State City & State City & State DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Applied For Machaelast Desired Desired For Machaelast Desired For Machae	1 90000037271			05-30-2002	2 91600 043 ****150.0	
MIAMI BEACH, FL 33199 2. Principal Place of Business 3. Maining Address Suite, Apr. #. etc. Suite, Apr. #. etc	KH INVESTMENT GROUP, INC.					
MAM BEACH, FL 33139 Z. Pricepair Place of Beariness T15 STREET SAME Suita, Apr. 8, etc. S	Principal Place of Business	Mailing Address				
33.139 2. Principal Place of Blusiness 715.5TH STREET SAME Suite, ARI. # do. Suite, ARI.	, · · · · · · · · · · · · · · · · · · ·					
2. Prioriginal Place of Business 3. Mailing Address 5. SAME	MIAMI BEACH, FL					
715 STH STREET Suite, A.F. etc. City & State City & State A. FEI Number 65-0848702 B. Name and Address of Current Registered Agent 7. Name and Address of Status Desired 88.75 Addresselle 7. Name and Address of Status Desired 89.75 Addresselle 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name HORST ORTNER MIAMI BEACH, FL 33139 Stoed Address (P.O. Box Number is Not Acceptable) 8. The above named entire submits this adarment for the purpose of changing his registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature typed united name of imprime agent and sten if applicable City FL Zip Code Address (P.O. Box Number is Not Acceptable) Date SIGNATURE Signature typed united name of imprime agent and sten if applicable Office Registered Agent supmanure required when reinsesting) Date 9. This corporation is alphies to safety in state. Signature typed united name of imprimer agent and sten if applicable Office Registered Agent supmanure required when reinsesting) Date 9. This corporation is alphies to safety in state. Signature typed united name of imprimer agent and sten if applicable Office Registered Agent supmanure required when reinsesting) Date 9. This corporation is alphies to safety in state. Signature typed united name of imprimer agent and sten if applicable Office Registered Agent supmanure required when reinsesting) Date 11. Office Registered Agent supmanure required when reinsesting) Date 12. Electron Campagin Financing May Be Added to Fees Signature typed united and and entire typed united name of imprimer agent and sten in applicable with a propriet and applicable		3 Mailing Address		, ,		
Suite, Apr. #, etc. City & State City & State City & State City & State Country Country S. Certificate of Status Desired State Applicable State Applicable State Applicable State Applicable State Country S. Certificate of Status Desired State State State HORST ORTINER 715 STH STREET MIAMI BEACH, FL 33139 City FL Zip Codo City FL Zip Codo Attachment State City State City State Street Address (P.O. Box Number is Not Acceptable) Date S. The above paged enter in the State of Ficition. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Date SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box	- · · = -		••			
MIAM EACH, FL 2p Country 33139 Country Country S. Cerificate of Situtus Desired Set Required Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
See activation to back See activation t		City & State	* .	ī.		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptable) To the State Address (P.O. Box Number is Not Acceptab		Zip	Country	\$8		
8. Name and Address of New Registered Agent PARTS ORTNER TITLS STREET MIAMI BEACH, FL 33139 City FL Zip Code City FL Zip Cod				i a. Certificate di Status Desireu —		
HORST ORTNER 715 5TH STREET MIAMI BEACH, FL 33139 City FL Zip Code		Registered Agent		7. Name and Address of New Registered	Agent	
Signature bytes specially a purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature bytes specially be saidly its intangular bytes specially agent and title if applicable. 9. This corporation is eligible to saidly its intangular and effects to do so. 9. This corporation is eligible to saidly its intangular and effects to do so. (See criteria on back) 10. Election Campaign Financing 10. Election Campaign Financing 10. Election Campaign Financing 10. Election Campaign Financing 10. See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 13. THE PD 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 15. STREET ADDRESS 17. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST			=: Name:			
MIAMI BEACH, FL 33139 8. The above named enter alberts this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Spallure hyper protect name of registered agent and tick if applicable. (NOTE Registered Agent signature required when reinistating) Date 9. This corporation is eligible to satisfy its Intan- gible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS;CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD WASE HORST ORTNER STREET ADDRESS TITLE PD WAME DANIEL ROUSSEAU STREET ADDRESS TITLE PD WAME DANIEL ROUSSEAU STREET ADDRESS TITLE TO THE TITLE Delete TITLE WAME DANIEL ROUSSEAU STREET ADDRESS GIT' 91 72P MIAMI BEACH, FL 33139 Delete TITLE Delete TITLE WAME DANIEL ROUSSEAU STREET ADDRESS GIT' 91 72P MIAMI BEACH, FL 33139 Delete TITLE Delete	HORST ORTNER					
8. The above named entity albumits this platement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Signature hyper by printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) Date 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature MAY's, 2000 Fee will be \$359,000. Trust Fund Contribution. May Be Added to Fees Make Check Payabble to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. Delete HORST ORTNER STREET ADDRESS 17.5 STH STREET GITY, 97.2P MIAM BEACH, FL 33139 GITY, 97.2P TITLE Delete TITLE	715			ss (P.O. Box Number is Not Acceptable)	$= A^{(i)}$	
8. The above named entity albumits this platement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Signature hyper by printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) Date 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature MAY's, 2000 Fee will be \$359,000. Trust Fund Contribution. May Be Added to Fees Make Check Payabble to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. Delete HORST ORTNER STREET ADDRESS 17.5 STH STREET GITY, 97.2P MIAM BEACH, FL 33139 GITY, 97.2P TITLE Delete TITLE						
SIGNATURE Signature type of printed ame of registated agent and title if applicable. 9. This corporation is eligible to satisfy as intangible Tax Singer and eligible to the satisfy as intangible Tax Singer and eligible to the satisfy as intangible Tax Singer and eligible to the satisfy as intangible Tax Singer and eligible to the satisfy as intangible to		, I	City	F	Zip Code	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Delete Time PD	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.					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Delete Time PD	SIGNATURE X					
gible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HORST ORTNER STREET ADDRESS 1715 5TH STREET OTY, 5T - 2IP MIAMI BEACH, FL 33139 OTY, 5T - 2IP Delete TITLE Del	Signature, typed or printed name of re-	gistered agent and title if applica	ble. (NOTE: Registe	ered Agent signature required when reinstating)		
(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HORST ORTINER 715 5TH STREET 715 5TH STREET WIAMI BEACH, FL 33139 WITHE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU Delete TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE MIAMI BEACH, FL 33139 Delete TITLE DANIEL ROUSSEAU TITLE MIAMI BEACH, FL 33139 Delete TITLE DANIEL ROUSSEAU TITLE MIAMI BEACH, FL 33139 Delete TITLE NAME STREET ADDRESS GITY-ST -ZIP TITLE NAME STREET ADDRESS GITY-ST -ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS GITY-ST -ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS GITY-ST -ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS GITY-ST -ZIP TITLE Delete TITLE Dele	_ · · · · · · · · · · · · · · · · · · ·					
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD					May Be Added to Fees	
TITLE PD Delete TITLE PD Delete TITLE PD Delete TITLE PD Delete TITLE PD DANIEL ROUSSEAU STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE DANIEL ROUSSEAU STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET AD					RECTORS IN 11	
MAME STREET ADDRESS TOTY ST ZIP MIAMI BEACH, FL 33139 TITLE VSTC DANIEL ROUSSEAU AMME TISTAT ADDRESS TOTY ST ZIP MIAMI BEACH, FL 33139 Delete TITLE D AMME DANIEL ROUSSEAU TITLE D AMME DANIEL ROUSSEAU TITLE D AMME DANIEL ROUSSEAU TITLE D AMME TITLE D AMME AMME TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Change Addition NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY ST ZIP TITLE D Delete TITLE D D Delete TITLE D D D D D D D D D D D D D D D D D D D	IDD			· · · · · · · · · · · · · · · · · · ·	- 	
NAME DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHange Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP Change Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP Change Addition NAME STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHA	HODET ODTNED				56/6	
NAME DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHange Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP Change Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP Change Addition NAME STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHA	TALE STRUCTURES		1		25 ()	
NAME DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE DANIEL ROUSSEAU NAME STREET ADDRESS CITY. ST. ZIP MIAMI BEACH, FL 33139 Delete TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHange Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP Change Addition Addition NAME STREET ADDRESS CITY. ST. ZIP TITLE Delete STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP Change Addition NAME STREET ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHANGE ADDRESS CITY. ST. ZIP CHANGE CHANGE CHANGE CHANGE CHA	CITY ST - ZIP MIAMI BEACH, FL 33139		CITY - ST - ZIP		Ö	
STREET ADDRESS CITYST-ZIP TITLE DANIEL-ROUSSEAU TOTALE DANIEL-ROUSSEAU TOTALE DANIEL-ROUSSEAU TOTALE DANIEL-ROUSSEAU TOTALE TOTALE DANIEL-ROUSSEAU TOTALE TOTALE DANIEL-ROUSSEAU TOTALE TOTALE TOTALE DEIET STREET ADDRESS CITYST-ZIP TITLE DEIET TOTALE NAME STREET ADDRESS CITYST-ZIP TOTALE STREET ADDRESS CITYST-ZIP TOTALE NAME STREET ADDRESS CITYST-ZIP TOTALE STREET ADDRESS CITYST-Z	10000	Delete	TITLE VSTC	Cha	ange Addition	
MIAMI BEACH, FL 33139 Delete DANIEL-ROUSSEAU Delete TITLE DANIEL-ROUSSEAU NAME TREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS	19 49 E		NAME			
TITLE D Change Addition NAME STREET ADDRESS T15 STH STREET GITY-ST-ZIP MIAMI BEACH, FL 33139 Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE OChange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE OCHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE OCHAN	DELANDER OUL EL COACC	•				
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CIT	<u> </u>			Cha	ange Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP STREET A	DANIEL-POLICEAU.			One	=	
CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with 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 reporties 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 corboration or he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block AT on Block AT	716 STU STORET					
Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP Change Addition NAME STREET ADDRESS CITY - ST - ZIP Change Addition NAME STREET ADDRESS CITY - ST - ZIP Change Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information supplied with The filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information incicated on this report or supplemental reporties 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 erebive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 on Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	MIAMI DEACH EL 99490	1				
STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP To hereby certify that the information supplied with file 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 reporties 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 he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 0 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	TITLE	Delete	TITLE	Cha	ange Addition	
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete TITLE Delete TITLE Delete TITLE Change Addition Change Addition Change Addition Change Addition Change Addition NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP CHANGE STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP CHANGE STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHANGE STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE Addition Change Addition Addition NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHANGE CHANGE CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CHANGE CHANGE CHANGE Addition CHANGE Addition CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP CHANGE CHANGE CHANGE CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE CHANGE Addition CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE Addition CHANGE	NAME		NAME			
Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY - ST - ZIP LITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP LITY - ST - ZIP Information indicated on this report or supplemental reports 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 10 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	STREET ADDRESS		STREET ADDRESS			
NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 on Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	CITY - ST - ZIP	1 15		I In	4.4.00	
STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition 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 10 on Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	TITLE	Delete	1 1	Cha	inge Addition	
CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with the 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 10 on Block 12 if changed, or or an attachment with an address, with all other like empowered. SIGNATURE:			i i			
TITLE Delete TITLE NAME			1			
NAME STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information supplied with the 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 12 of Block 12 if changed, or or an attachment with an address, with all other like empowered. SIGNATURE:		Delete		Cha	inge Addition	
STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information supplied with the 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 10 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME		1			
13. I hereby certify that the information supplied with the 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 10 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	STREET ADDRESS		STREET ADDRESS			
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 10 Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	CITY - ST - ZIP	<u>.</u>				
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 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	13. I hereby certify that the information supplied with file filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the					
name appears in Block 17 on Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destina Phone #						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deuting Phone #	(~) N	1/k/1/V				
Aldring transfer and a contract of the contrac	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					