2000	LINIEODM RUSI	NESS DEDAD	T (1186	21	Amer	don		
DOGUMENT #					Auer			
Vilano Pier, Inc.					FILED			
					00 001 1:	2 AM 9:	26	
Principal Place of Business 250 VilaNO Road Mailing Address SAME					SECRETARY OF STATE TALLAHASSEE FLORIDA			
\$1. Au	gustine, FL 3209		•					
2. Principal Place of Business 250 Vi Iamo Road Suite, Apt. #, etc. 3. Malling Addre 250 Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	austine, FL	St. Augustin	re, FL		4. FEI Number 5935188	23	<u> </u>	plied For t Applicable
3209	S St. Johns		Country H. John	15	5. Certificate of Status Desir	_	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
Daviel K. Kamikez Mi					.O. Box Number is Not Accep	ングラムナモ otable)	2YM	
21 1 2000					ilaro Road			
			City		ugustine	FL	Zip Code	3209
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office or	r registere	d agent, or both, in the State	of Florida.		
SIGNATURE	X M. chi R. Signature, typed or printed name of registered agent as	nd tille-Kapplicable. (NOTE: Re	egistered Agent signati	ure required w	vhen reinstating)	10/S	5/00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State					Trust rund Contin	bution. [Added	May Be to Fees
11.	Daniel R. Ramir	N 5.1	12.	iMic	additions/changes to Llae Rozen	shtern		Addition
NAME STREET ADDRESS	Daniel R. Ramir 250 Vilano Road St. Augustine, FL		NAME STREET ADDRESS	PRES	sident/T/S/V	·	•	
CITY-ST-ZIP	St. Augustine, FL		CITY-ST-ZIP	St. 1	fugustine, FL	32095		De Austria
NAME STREET ADDRESS	•	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	812 G	ita Jadan Spavesend Rol. # Oklyn, NY 1122	+ 5\$	☐ Change	Addition
CITY-ST-ZIP TITLE		☐ Delete	TITLE	DROG		· -	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		30000: -10/ ****	3436: 24/000 **70.00	953- 110780 ******7	05 0.00
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Additio Additio
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Change	☐ Addition
TITLE NAME STREET ADD 3S CITY-ST-ZIP, 2		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	□ 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 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:								
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	' / -	Daytime Phone #	