		PLEAS	E READ	ALL INS	TRUCTIC	NS BEFORE	COMPLET	ING THIS FO	DRM.	n -	
					Jim S	MENT OF STATE mith of State RPORATIONS	FILED				
DOCUMENT # <b>P98000064007</b>								02 OCT 28 AM 9:50			
1. Corporation Name							SECRETALY OF STATE FALLAHASSEE FLORIDA				
EDL F	REAL ES	TATE IN	NVESTME	ENTS, IN	C.			FALLAHASSA	TE FLORIDA		
Principal Place of Business Mail					Mailing Address				•		
12901 NW 113 CT MIAMI FL 33178				12901 NW 113 CT -8330 NW 53RD ST.* MIAMI FL 33178							
If above addresses are incorrect in any way, line through incorrect information and enter correction be  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							<u> </u>				
Suite, Apt. #, etc.							4. Date Incorporated or Qualified To Do Business in Florida 07/21/1998				
City & Stat				Suite, Apt. #, etc.  City & State			5. FEI Numbe	65-0853135		Applied For	
Zip Country				Zip	10	ountry	6.	<u> </u>	S8 75. Additio	Not Applicable	
7 Names							<u>1</u>	E OF STATUS DESIRED		icate of Status	
7. Names	and Street Ad	Name	of Officers	or Director (Flo	orida nonprofit co	orporations must list at lea					
1	1 2 and/or Dire		r Directors	·	3	3 Officer and/or Director		4	City / State / Zip		
DPS	TAILLADE, KARINA			12901 NW 113 (				MIAMI FL 33178			
							400008625374 18/28/9201086008 **150.00				
						117	_				
							9. Name and Address of New Registered Agent				
-3399 NW 12 AVE, SIE. 277 (36/0) 10 10 11 3 60							P.O. Box Number is Not Acceptable)				
											MIAMI FL 39126 33/78
						City			State Zip Cod	e	
10. I being	appointed the	registered aç	gent of the abov	e named corpo	ration, am famili	ar with and accept the ob	oligations of Section	on 607.0505, F.S. or 61			
Signature of Registered		SI			REQ Ent must sigi	UIRED		Date	37		
11. I certify	that I am an of	ficer or direct	or or the receive	er or trustee em	powered to exe	cute this application as pr	rovided for in cha-	oter 607 or 617 F S 14	further certify that	when filing	
owed by	statement appi the corporation	ication, the re in have been	ason for dissolu	ition has been mes of individu	eliminated, the c uals listed on this	corporate name satisfies t s form do not qualify for a	the requirements :	of eaction 607 0401 or	617 0401 E C H	nat all face	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 305-887-5353 Date Daytime Phone #

## EDL Real Estate Investment, Inc.

12901 N. W. 113 Court Miami, Florida 33178

Phone: (305) 887-5353 Fax: (305) 887-8299

October 24, 2002

Department of State Division of Corporation P.O. Box 6327 Tallahassee, Fl 32314

Re: P98000064007

To whom it may concern:

This is to inform you that we never did receive the original corp. application.

Thank you,

Karina Taillade

President

EDL Real Estate Investments, Inc.

12901 NW 113 Court

Miami, Fl 33178

305-887-5353