DOCUN 1. Entity Name	MENT #	P98000		RT (UE	R)	FILED May 06, 2002 8:00 an Secretary of State 05-06-2002 90294 006 ***150.00
Principal Place of Business			Mailing Address			
13499 BISCAYNE BLVD #107		13499 BISCAYNE BLVD #107				
MIAMI FL 33181 N			MIAMI FL 33181			
	ace of Business		3. Mailing Address 1920 E. Hall	andale	Rela	-
Suite, Apt. :		GUO 1	Suite, Apt. #, etc.	te 641		DO NOT WRITE IN THIS SPACE
City & State	SUITE		City & State		1	4. FEI Number 65-0854303 Applied For
Hallan	dule BC		tallandale t		vida	5. Certificate of Status Desired 58:75-Additional
<u>3300</u>		OWAY d	<u>33009</u>	Brow	ard	7. Name and Address of New Registered Agent
	6. Name and Ad	aress of Current He	gistered Agent	Name		7. Name and Address of New Registered Agent
				t Address (I	(P.O. Box Number is Not Acceptable)	
1951 NE 185 TERR. N. MIAMI BEACH FL 33179						
			City	City FL Zip Code		
Tax filing r (See criter	Signature typed or printed pration is eligible to sa requirement and elec ia on back)	ts to do so.	FILE NOW! After May 1, 20 Make Check Payat	ole to Departm	0.00 \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. TITLE	PD	OFFICERS AND DIF		12. TITLE		
	BARRIOS, JORGE 13499 BISCAYNE MIAMI FL 33181	e A BLVD # 107		NAME STREET ADDRES CITY-ST-ZIP	S	Change Addition
TITLE	VD	<u></u>	Delete	TITLE		Change Addition
NAME STREET ADDRESS	LEVY, ZAHAVA 13499 BISCAYNE	BLVD # 107		NAME STREET ADDRES CITY - ST - ZIP	SS	
CITY-ST-ZIP TITLE	MIAMI FL 33181 SD		Delete	TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	BARRIOS, ZONIA 13499 BISCAYNE			NAME STREET ADDRES CITY-ST-ZIP	s	
TITLE	MIAMI FL 33181		Delete	TITLE		Change Addition
NAME STREET ADDRESS				NAME STREET ADDRES	s	
CITY-ST-ZIP		<u>.</u>		CITY-ST-ZIP		
TITLE NAME			Delete	TITLE NAME		🗂 Change 🔲 Addition
STREET ADDRESS				STREET ADDRE	ss	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		Delete	CITY-ST-ZIP TITLE		🗋 Change 📄 Addition
NAME STREET ADDRESS				NAME STREET ADDRE	ss	
CITY-ST-ZIP				CITY-ST-ZIP		
 I hereby c indicated of the corr changed, 	certify that the information this report or sup poration or the received or on an attachment	ation supplied with the plemental report is true or or trustee empower with an address, with	is filing does not qualify fo ue and accurate and that t erad to execute this report in all other like empowered	or the exemption my signature sha t.as <u>.required.by.(</u> t:	stated in Se III have the Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if to P. A
SIGNAT					Bar	Trios 41902 454-8400