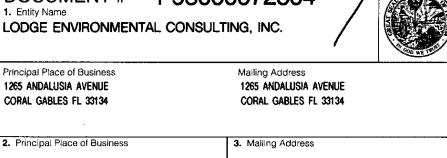
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

## DOCUMENT #

P98000072504



**FILED** Aug 13, 2003 8:00 am Secretary of State

08-13-2003 90073 012 \*\*\*550.00

1265 ANDALU CORAL GABLE				1265 ANDALUSIA AVENUE CORAL GABLES FL 33134										
2. Principal P	lace of Busin	ness	3. Mai	3. Mailing Address							01() <b>00</b> ()  <b>10</b>	0# <b>#</b> 41 <b>001 1</b> 1#11 1	HOISI DIDI SOOH	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e	,	City	City & State				4. FEI Number 65-0860572 Applied For Not Applicable						
Zip	Country			Zip		Country 5.		Certifica	ate of Status Do	esired		8.75 Add	litional	
	6. Name	and Address of Curre	7. Name and Address of New Registered Agent											
						Name								
MARX, JAMES ESQ.						Street Address (P.O. Box Number				entable)				
FIRST UNION FINANCIAL CENTER							5.5517 (dulous (1.57.55) Frantisch is not moreptable)							
200 SOUTH BISCAYNE BLVD. #1870														
MIAMI FL 33131						City		,			FL	Zip Code	е	
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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE.	SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
۶ F	II E NOW!	! EEE IS \$550.00	1						<del></del>	<del></del>			<del></del>	
§ FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00									Election Camp				May Be	
		Florida Department						'	Trust Fund Cor	itribution.		Added	I to Fees	
10.	OFFICERS AND DIRECTORS 1						ΑC	DITION	S/CHANGES	TO OFFICE	R\$ AND	DIRECTORS	3 IN 11	
TITLE	PT ·			☐ Delete								☐ Change	Addition	
NAME	LODGE, P				NAM								i	
STREET ADDRESS CITY-ST-ZIP		ARUSIA AVE ABLES FL 33134				ET ADDRESS -ST-ZIP								
TITLE	VPS			☐ Delete	TITLE							Change	Addition	
NAME	LODGE, T				NAM									
STREET ADDRESS		ALUSIA AVE				ET ADDRESS - ST - ZIP							1	
CITY-ST-ZIP	CURAL G	ABLES FL 33134												
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CITY-ST-ZIP						-ST-ZIP								
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NAME ,				☐ Delete	NAME	ľ						Change	☐ Addition	
STREET ADDRESS						ET ADDRESS		•		•	,			
CITY-ST-ZIP					CITY-	ST-ZIP								
12. I hereby c	ertify that the	information supplied w	ith this filing	does not qualify for t	the exer	nption state	d in Section	119.07(3	3)(i), Florida St	atutes. I fu	ther certi	fy that the in	formation	

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**