Zip Country Zip Country S. Genticate of Status Desired S. S. Facilitate Agent S. Genticate of Status Desired See Required	DOCU	JMEN Ime	T#P9800	10095533	3		Jc.	Jun 01, 2 Secretai		ate
2. Principal Place of Business SMME NC NBOLE Suite April Note:  Suite	Principal Pla	ace of Busin	ness	Mailing Address			$\dashv$	00 01 2000 90	270 030 130	,.00
2. Principal Pace of Business SMAC NC NBOUE	3020 B	iscayı	IE BLNG. S.A	<del>-</del>						
2. Principal Mindre of Suprises STAME AS A BBO S STAME AS A BBO S SONE APL #, etc.  City & State  A FET Number of State Desired   Applied   Ap		•	1					00058	114	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & City & City & State   City & City & City & State   City & City & City & City & State   City &	2. Principal	Place of Bu	rsiness	3. Mailing Address					111	
City & State  Ci					ZV CB A		]			
Zep Country Zep Country 5. Contribution of Status Desired Agent Name To Name and Address of New Registered Agent To Name and Address of New Registered Agent State St	Suite, Apt	i. #, eic.	ì	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE	
E. Name and Address of Gurrent Registered Agent  F. Name  B. Mel. Sex: Sissol & S	City & Sta	ite	1	City & State	,	· · ·	4.	· · · · · · · · · · · · · · · · · · ·	1	Applied For
Name and Address of New Registered Agent	Zip		Country	Zip	Cou	ntry	5.		\$8.75 A	dditional
SIGNATURE		6. Nar	ne and Address of Curr	ent Registered Agent				Name and Address of New Re		
STISE CLAS OLAS BLV3. S-1500  FL Louiseable, FC. 33301  City FL Zop Code  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.  SIGNATURE  Symptom hypers or prived name or registered agent and the Apparation. (MOIE Registered Agent symptoms requirement and pleas to do so.  15.65 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  Tak filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  The filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  The filling requirement and pleats to do so.  15.96 corporation is engable to satisfy its Intangible  16.96 corporation is engable to satisfy its Intangible  17.96 corporation is engable to satisfy its Intangible  18.96 corporation is engable to satisfy its Intangible  19.96 corporation in an engable to satisfy its Intangible  19.96 corporation in an engable to satisfy its Intangible  19.96 corporation in an engab	MB Melissa. Sissol Eq.									<del></del> -
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.  SIGNATURE  Signature hyper or private more or registered agent and little appreciate.  POTE: Registered Agent synapse reduced when revisiting.  POTE: Register Agent synapse reduced when revisiting.  POTE: Registered Agent synapse reduced agent registered agent registe							ess (P.O. E	Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Synature hyper or prince name or registered agent, and their displacable.  PLE NOWITH FEE IS \$150.00  Tak filling requirement and elects to do so.  After, MAY, 1, 2000 Fee, will be \$500.00  Thus Fund Contribution.  Added to Fee  Added to Fee  This Contribution.  The Social Synathy Syna	Ft.C	Pager	12/4 FC. 3	33301			_			
SIGNATURE  Synonium hyper or printed name of ingustered agent and side if appecable.  NOTE Registered Agent signature recurred when remarkancy)  DATE  1. Corporation is elligible to satisfy its Intangible Tax killing requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  SINEET ADDRESS  CITY-ST-ZP  THE  Delete  TITLE  MAKE  SINEET ADDRESS  CITY-ST-ZP  Delete  TITLE  Delete  TITLE  Change Ad  AND  SINEET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  THE  Delete  TITLE  Change Ad  ADDRESS  CITY-ST-ZP  CHANGE  CHANGE  SINEET ADDRESS  CITY-ST-ZP  THE  Delete  TITLE  CHANGE  SINEET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  SINEET ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  CHANGE  SINEET ADDRESS  CITY-ST-ZP  SINEET ADDRESS  CITY-ST-ZP  SINEET ADDRESS  CITY-ST-ZP  ADDRESS  CITY-ST-ZP  CHANGE  SINEET ADDRESS  CITY-ST-ZP  CHANGE  CHANGE  THE  CHANGE  CHANGE	<u> </u>					City		•	FL Zip Co	de
MAME    TOTAL   TOTAL   TOTAL	∹(See criter		)	Make Check Payat	de to D		State			
STREET ADDRESS  TITY-ST-ZIP  TITLE  MAME  INTERET ADDRESS  TITY-ST-ZIP  TITLE  AR LENE HUSEMAN  3050 B.SCAUSE BLUS S-908  STREET ADDRESS  TITY-ST-ZIP  TITLE  ARK  MAME  INTERET ADDRESS  TITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP		L				1			☐ Change	Addition
TITE SECRET ADDRESS TITE SECRET ADDRESS TITY-ST-ZIP  TITLE  ARCIEVE HOLS MAN  ARCIEVE HOLS MAN  ARCIEVE HOLS MAN  STREET ADDRESS TITY-ST-ZIP  TITLE  MANE  STREE		3050	biscons &	CMAN CMAN		'				
ARLENE HUYSMAN  TREET ADDRESS  TY-ST-ZIP  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS  TY-S	CITY-ST-ZIP	Min	mi-FL.		CITY	-ST-ZIP	<u></u>			
ITLE NAME  AME  AME  IRRET ADDRESS  ITY-ST-ZIP  ITLE  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  NAME  NAME  REET ADDRESS  TY-ST-ZIP  ITLE  NAME  STREET ADDRESS  TY-ST-ZIP  ITLE  ME  REET ADDRESS  TY-ST-ZIP  ITLE  ME  STREET ADDRESS  CITY-ST-ZIP  ITLE  ME  STREET ADDRESS  CITY-ST-ZIP  ITLE  ME  STREET ADDRESS  TY-ST-ZIP  ITLE  ME  STREET ADDRESS  CITY-ST-ZIP  ITLE  ME  STREET ADDRESS  CITY-ST-ZIP  ITLE  ME  STREET ADDRESS  TY-ST-ZIP  TY-ST-Z	í	SE	د	· Delete		1		el .	☐ Change	Addition
ITLE   Delete   TITLE   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Ad Address   Addre	1	3020 204	BISCUANS BI	S-208					•	
AME IREET ADDRESS ITY-ST-ZIP  TILE Delete TITLE MAME ME M	<u>-</u> -	Mi	rmi - FL.	33137	CITY-	-ST-ZIP		<del></del>		
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME  STREET ADDRESS  TY-ST-ZIP  TILE  Delete  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TILE  Delete  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TILE  STREET ADDRESS  TY-ST-ZIP  TILE  STREET ADDRESS  TY-ST-ZIP  TILE  STREET ADDRESS  TY-ST-ZIP  TILE  STREET ADDRESS  ST			!	☐ Delete					☐ Change	Addition
TLE  AME  AME  AME  REET ADDRESS  TY-ST-ZIP  TLE  Delete  TITLE  TAME  CHange  AC  CITY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  TITLE  TAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TAME  STREET ADDRESS  TY-ST-ZIP  TITLE  TAME  STREET ADDRESS  TY-ST-ZIP  TITLE  TAME  STREET ADDRESS  TY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	1	~		أمسيد بالمساه		· 1	<del></del>	استيسا المحاسات	<b>2</b> , =	,
NAME REET ADDRESS TY-ST-ZIP  TLE  MME REET ADDRESS TY-ST-ZIP  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  CHAnge Ad  NAME REET ADDRESS TY-ST-ZIP  LE  ME REET ADDRESS CITY-ST-ZIP  LE  ME REET ADDRESS CITY-ST-ZIP  LE  NAME STREET ADDRESS CITY-ST-ZIP  LE  NAME NAME STREET ADDRESS CITY-ST-ZIP  LE  NAME STREET ADDRESS CITY-ST-ZIP  LE  NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  LE  NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  LE  NAME NAME NAME NAME NAME NAME NAME NA				Delete	-	<del></del> }		<u> </u>	☐ Channe	Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHange Add  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  ME  ME  REET ADDRESS  TY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  3. 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 didicated 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 direct 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 direct 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 direct 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 direct 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 direct 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 direct indicated ind									v.agv	
NAME:  REET ADDRESS  TY-ST-ZIP  TILE  ME  REET ADDRESS  TY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  TY-ST-ZIP  TO Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  STREET ADDRESS  CITY-ST-ZIP  TO DELETE  MAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS	1		,							•
STREET ADDRESS TY-ST-ZIP  TLE  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Add	TLE			☐ Delete	<del></del>	————		, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition
TY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHange Admending Change			1	•					0	<del></del>
ME REET ADDRESS IY-ST-ZIP  It 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 path; that I am an officer or direct.	)									
STREET ADDRESS  (Y-S1-ZIP)  S. 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 path; that I am an officer or direction.	I .		-	☐ Delete	TITLE		<u> </u>		Change	Addition
IY-ST-ZIP  CITY-ST-ZIP			•							
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 path; that I am an officer or direct	i i				ł					
	indicated o	on this repo	rt or supplemental report	is true and accurate and that m	v signatu	ire shali have th	ie same le	egal effect as if made under oath	<ul> <li>that Lam an officer.</li> </ul>	or director