## FILED Jul 18, 2001 8:00 am Secretary of State 07-18-2001 90261 020 \*\*\*550.00

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Some and Address of Current Registered Agent   S. Certificate of Status Desired   Status	City & Sta	ate	City & State				1	1 1	applied For
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name And Address of New Registered Agent  90. 19 Added  19. Name And Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Address of New Registered Agent  19. Street Avideous (Fig. 60.1) Name Agent Avi	Miami	Beach, FL	<del></del>	,		65-0908973	*	<del> </del>	ot Applicable
SARY L. BROWN 20803 Biscayne Blvd., #200  Aventura, FL 33180  #265-S  Cov Hollywood FL Zp Coope 3302  8. The above named and welf-like this statement for the facilitation of the provided of		) ÚSA	33139	; ,	·			Fee Requir	
20803 Biscayne Blvd., #200 Aventura, FL 33180  #265-S  City H011 W000d FL Zp Coop 3302  8. The above named again furthfile this statement for flag purpose of changing its registered office or registered again, or both, in the State of Florida:  SGNATURE 9. This cooporation is eligible to satisfy its Intangible Tax sting requirement and elects to do so.  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME AND TIME SIRET ADDRESS		t. Name and Address of Curren	registered Agent		Namer a maz		of New Registers	d Agent	<del>- · ·</del>
#265-S   City   Child   Charge   Charge				_		<u> </u>			
8. The above named and grading sermits this unitar may be added to a state of the control of the state of the state of the state of Florida.  SIGNATURE  S			L	Street Address (FD Box Number Is Not Acceptable)					
8. The above named again publish this whateversed lower/Doupcose of changing its registered office or registered agent, or both, in the State of Florida:    Signature	Avent	ura, FL 33180			#265~	3	ì	-	
SIGNATURE	, <b>4</b>	. /	_		City		F	Zip Co	de 0.0.0.4
SIGNATURE  SQUARMA Lyced to primed name of inguisered agent and the 8 applicable  (NOTE Repaired Agent agratume required when remaining)  DATE  10. Election Campeign Financing   \$5,00 km, Added to Pi Trust Fund Contribution.   Added to Pi Trust Fund Co	8. The above	e named early sylomits this statement	or nel purpose of changing its	registered				<del></del>	3021
9. This corporation is eligible to assetsy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICENS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADDRESS TO OFFICERS AND DIRECTORS TO OFFICE AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICE AND DIRECTORS T	Ù		M						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.    See critical on back)	SIGNATURE	full o	<u> </u>						
Tax filing requirement and elects to do so.  (See criteria on back)  Trust Fund Contribution.  T		Signature, typed or printed name of registered agen	and title if applicable. (NOTE	E: Registered A	gent signature required	when reinstating)	DAT		<u> </u>
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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 direction 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  305-604-60					L L		1		
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	SIGNAT	TURE: (Moliea	Greenwald	,		6/22/0	/ 3	05-604	-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR Date   Cayume Phone #			PRINTED NAME OF BIGNING OFFICER O	OR DIRECTOR		Date	1	Daytime Phone #	