2000	UNIFORM BUSI	NESS REPO	ORT (UBR)	_	1017
DOCUMENT # POODODUO				FILED	
Principal Place of Business 9320 FUUN-FAINBLE QU BLVO. APT. B312 MIAMI, FLORI DA		9320 FUUNDINGLELU BLUDAR B\$2. MIAMI, FLUNIUD, 33172		SECRETARY OF STATE TALL AHASSEE: FLORIDA	
33/72 2. Principal P	Nace of Business	3. Mailing Address		-	•
7320 FOUNTAINS (FAU BUD). Suite, Apt. #, etc.		9320 FOUNTAIN NOLF QU BLUD Suite, Apt. #, etc. B312#		DO NOT WRITE IN THIS SPACE	
<i>ろ 3 / ス</i> City & State		City & State		4. FEI Number	Applied For
In Zin	Country Zip Country		Country		Not Applicable \$8.75-Additional
33/72	United States	<i>5</i> 3/72	UNITED STATES	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Reg	Istered Agent
MEDARDO O JEDA 320 FOUNTAIN BLYO. APT. B3/2. Street Address (1				(P.O. Box Number is Not Acceptable)	
	FLOKIDA, 33/72		9320 FOV	INTAINGINGU BLUID, APT	4 <u>8</u> 312
			City Mian:		FL Zip Code
8. The above	named entity whinits this statement fo	r the purpose of changing it	17.000	red agent, or both, in the State of 1970.	48
SIGNATURE .	Signifure, typed or partial name or registered agent a	and title if applicable. (NC	TE: Registered Agent signature require		DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	After MAY 1, 2	/III FEE IS \$150.00 000 Fee will be \$550.00 ible to Department of St	6K C/3843.PCV.6 4	Added to Fees
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11 Change Addition 66
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MEDARDO OTEDA 9320 FOUNTAIN BLE MIAMI ELIKUDA. 73		TITLE NAME STREET ADDRESS CITY-ST-2IP	NA	3 *
TITLE NAME STREET ADDRESS	MIAN, FLORINA, 23	Delete	TITLE NAME STREET ADDRESS	0//0	Change Addition
CITY-ST-ZIP	10/15	, ,,	CITY-ST-ZIP	10/10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	11/1	☐ Delete	TITLE NAME STREET ADDRESS	1/10	Change Addition
CITY-ST-ZIP TITLE	1	□ Delete	CITY-ST-ZIP TITLE	10/1	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	11/1	
NAME STREET ADDRESS CITY-ST-ZIP	WA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA	☐ Change ☐ Addition
indicated of the co	certify that the information supplied with i on this report or supplemental report is reporation or the receiver or trustee empore, or on an attachment with an address, the contract of the	strue and accurate and that owered to execute this repo	t my signature shall have the rt as required by Chapter 60	e same legal effect as it made under dail	in: mar i am an omcer di director i i
SIGNAT	TURE: SIGNATURE AND TOPED OR B	RISTED NAME OF SIGNING OFFICE	R OR DIRECTOR	/// <i>OS/OU</i> ((305) 2 20 - 8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

. ARCHANGEL INVESTIGATIONS 9320 FOUNTAINEBLEU BLVD SUITE 312 MIAMI, FLORIDA 33172 TEL. (305) 220-5988

October 13, 2000

Florida Dept. of State division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

I have just been informed by my bank that my corporation has been dissolved by the State due to non-filing.

I never received notification from the state for renewal. I called yesterday after my conversation with my bank and was told by one of your representatives to write and explain that no notification was received, that being the reason it was not renewed. As you know, this is a new corporation and I was not aware of all the details.

I am attaching a check in the amount of \$150.00, as instructed by your representative to renew the corporation. As you know, we have been experiencing floods in the Miami area during the month of September and it has been very chaotic since then.

If you need any further information, please let me know.

Sincerely yours,

Medardo Ojeda

President

MO:ed