DOCUN 1. Entity Name	MENT # P990000		RT (UBR)		F11 Mar 06, 2 Secretar 03-06-2000 900	y of St	ate
Principal Place of Business		Mailing Address 7925 NW 12TH STREET SUITE 324 MIAMI FL 33126-1822			ቢብሰ ን 		
2. Principal Pl 7925		2 Mailing Address	2 Steet		DO NOT WRITE IN T		
Suite, Apt. #, etc. SUI + 4 31 8		SUITE 31B		4 . F	4. FEI Number Applied For		
14,14n 333121	11, FIDERELA Gountry Guntry Migni Dade	MIAMI, + 33126	Country MIAMIDAde	5. C	Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Re		Name	7. N	ame and Address of New Registe	red Agent	
	Santos, Ricardo P NW 12th street		Street Address (P.O. Box Number is Not Acceptable)				
SUITE	E 324 I FL 33126	Suite			318		
MIAM			City MI Ar	ul		FL 39%	26
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20	E. Registered Agent signature requ III FEE IS \$150.00 00 Fee will be \$550.0 ble to Department of \$	0	Instatung)		0 May Be to Fees
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOS SANTOS, RICARDO P 7925 NW 12TH STREET MIAMI FL 33126	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DOS SANTOS, FERNANDA M 7925 NW 12TH STREET MIAMI FL 33126	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition
TITLE VAME STREET ADDRESS CITY- ST-ZIP	D Dominguez, Alexandre C 7925 NW 12TH Street Miami FL 33126	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition
ITT-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
NITLE NAME STREET ADDRESS CITY-ST-ZIP		[]] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
	certify that the information supplied with I on this report or supplemental report is poration or the receiver or fusible supply or on an attachment with an address, w	his filing does not qualify fo true and accurate and that wered to execute this report	br the exemption stated in my signature shall have t t as required by Chapter	n Section he same 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t da Statutes; and that my name app	er certify that the i hat I am an officer ears in Block 11 o	nformation or director r Block 12 if