Sep 10, 2001 8:00 am Secretary of State OP-10-2001 90044 047 ***550.00 Principal Place of Business Making Address 1800 N.E. 27 PLACE IN MAN BEACH R. 23100 Albert DATE Solite, P.B. 2. Solite A Soli	2001 UNIFORM BUSINESS REPORT (UBR)					FILED Son 10, 2001 8:00 am		
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County 30 Bot			Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE	
So Name and Address of Current Registered Agent Sa Sa Sa Sa Sa Sa Sa S	City & Star	te			4.	FEI Number	Applied For	
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Street Address (P.O. Box Number is Not Acceptable)	_	6. Name and Address of Current	Registered Agent	Name	(7.	Name and Address of New Registered	d Agent	
1502 N.E. 27 PLACE N. MIAMI BEACH FL 33160 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered ageyl, or both, in the State of Florida. SIGNATURE Signature, typed or parend name of registered agent and elects to do so. Signature transported in selligible to easilisty its intrangible Tark filing requirement and elects to do so. See criteria on back) TIL OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 ITILE INAME SIRECT ADDRESS CITY-ST-2P ITILE ORDERS SIRECT ADDRESS CITY-ST-2P OITY-ST-2P OITY-ST-2P TITLE ORDERS OITY-ST-2P OITY-ST-2P TITLE ORDERS OITY-ST-2P OITY-ST-2P TITLE ORDERS OI	ZIMMERM		_=	ddross (P.O.	Pox Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, types or private name of registered agent and stee I applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Arer September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CI		Jireel 7	duless (1.0.	Dox Number is Not Acceptable)		4		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE MARC A Zimmur Ducsi x 1 Biguilare types of primetic owner of registered agent and list if applications (NOTE Registered Appl Software registered registered registered registered registered registered registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its irritangible Tax filling requirement and elects to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. OFFICERS AND DIRECTORS IN 11 15. OFFICERS AND DIRECTORS IN 11 16. Change Addition 17. Change Addition	n. Miami		****					
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Comparison and section of State Comparison and section a	9. This corpo	Signature, typed or printed name of registered agent or printed in a signature or a signature. Signature or a signature of the signature of th	FILE NOW!!!	FEE IS \$550.		reinstating) DATE		
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CITY-ST-ZIP 13. 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 oath; that I am an officer or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment vitty an address, with all their like empowered.

8/28/01 305 792 2526 Dayline Phone #

CITY-ST-ZIP

SIGNATURE: