m

1. Entity Name	MEN 1 # P99000C E MANAGEMENT GROUP, IN		49				May 1 Secre		of S	State	
Principal Place	of Business	Mailing	Address	,-	······································						
			3. Bayshore dr., STE. 202 Nut grove Fl 33133-5402 l					, v .	• • -		
2. Principal Pla	ace of Business	3. Mallin	ng Address			4					
Suite. Apt. #, etc.			uite, Apt. #, etc.			_	L (188)(188) (38) (1811) (1811) (1811) (1811) (1814) (1811				
City & State		City 8	City & State			4. F	4. FEI Number Applied For Not Applicable				
Zip Country		Zip	ip Country		try	5. C	ertificate of Status Desired		8.75 Addit se Required	tional	
	6. Name and Address of Current	Begistered	Agent		<u> </u>	7. N	ame and Address of New F				
	o. Hanne und Addition of Octions)			Name						
	l, Michael D S. Bayshore Dr., Ste. 202	ì	Street Address			(P.O. Bo	(P.O. Box Number is Not Acceptable)				
COCC	ONUT GROVE FL 33133	1			0		<u> </u>		Zip Code		
					City			F <u>L</u>	ZID COUG		
9. This corpe	Signature, typed or brinted name of registered agent		FILE NOV	TE. Registere	hae U d Agent signature requi		instabugs 10. Election Campaign Fi	DATE	\$5.00	O May Se	
	equirement and elects to do so.		ake Check Pay	able to D	will be \$550.00 epartment of S	tate	Trust Fund Contributio		Added	to Fees	
11.	OFFICERS AND	DIRECTO		12,		AC	DITIONS/CHANGES TO OF	FICERS AND	☐ Change		
NAME	President D Wahl Michael D Wahl 9400 S. Dadeland	llud #100	Delete	TITI Man Sig	·· 1				Change	Addition S	
STREET ADDRESS CITY-ST-ZIP	MICHAIL FL 33156		<u> </u>	СП	Y-ST-ZIP				Change	Addition (
title Name Street address	Chairman Louis Wolfson 19400 s. Badeland Bl	ud, Hla	☐ Delete	NAX STE	- 1				Change	Addition	
CITY-ST-ZIP	Miani, FC 33156		<u> </u>	CIT	Y-ST-ZIP	_			☐ Change	Addition	
TITLE NAME STREET ADDRESS	Executive Vice Pra David Deutch 9400 S. Dadekind Blud	#100 #100	Delete	na Sti			-		☐ cuentãe	Accinosi	
CITY-ST-ZIP	Miami, R 33156 Senior Vice Prose	>	Delete	CIT	Y-ST-ZIP LE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Mitchell Friedman 9400 5. Dage and G Miami, FL 33156	~	1	SŦ	ME REET ADDRESS TY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NA TZ	TLE ME REET ADDRESS TY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TII	TLE AME REET ADDRESS TY-ST-ZIP				Change	☐ Addition	
13. I hereby indicated of the co	Certify that the information supplied widen this report or supplemental report poration or the receiver or trustee end, or on an attachment with an address	t is true and noowered to	accurate and the	at my sigr ort as red							

SIGNATURE:

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3/9/03 (305)854.7100 Daylore Phone #