FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

1. Entity Name	0007413	4		ry of State 90348 045 ***150.00
J.W. I	questmen	1, Inc	1	
DO NOT WRITE	E IN THIS SP	ACE		
2. Principal Place of Business 100 N BISCAYNE BLVD#100		E BLVD# 100		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	HIS SPACE
MIAMI FLORIDA	MIANI FLORE		4. FEI Number 65-09. 45-814	Applied For Not Applicable
Zip 33132 Country USA	^{2ip} 33132	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name 304	7. Name and Address of Current Regist	ered Agent
DO NOT W			(P.O. Box Number is Not Acceptable)	
IN THIS S	PACE			
		City Mi Ar		FL Zip Code
8. The above named entity submits his statement for	or the purpose of changing its re	gistered office or register		22-02
SIGNATURE Signature, typed or united name of registered agen		egistered Agent signature required	. 	TE
9. This corporation is eligible to satisfy its Intangible 1 ax filing requirement and elects to do so. 2 (See criteria on back)	After May 1; Amended L	/1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of Sta	10. Election Campaign Financing Trust Fund Contribution. te	\$5.00 May Be Added to Fees
11. OFFICERS AND TIME PRESIDENT		TITLE		
NAME JULIEN MARTINON STREET ADDRESS CITY-ST-ZIP MIRMI FL	, PLVD # 100 33132	NAME STREET ADDRESS CITY-ST-ZIP		348 (12/01)
TITLE NAME		TITLE NAME		CR2E034B
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE S		
STREET ADDRESS : CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WE	RITE
TITLE NAME	ه سختی د	TITLE NAME	IN THIS SPA	ACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME	u	•
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•	
· TITLE NAME		TITLE &		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		*
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp attachment with an address, with all other like en	s true and accurate and that my s nowered to execute this report a	sionalure shall have the s	same legal effect as if made under oath: the	et Lam an officer or director
SIGNATURE: GNATURE AND TYPED OR	JULIEN MART	TNON DIRECTOR	04-22-02	305 - 372 - 82.17

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

OHAChment DOH 7990000 79134

*	DO NOT WI	RITE IN THIS	SPACE		
2. Principal	Place of Business	3. Mailing Address			
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SE	PACE
City & Sta	ate	City & State		4. FEI Number	Applied For
Zip	Country	Zip	Country		Not Applicable 8.75 Additionat ee Required
			Name	7. Name and Address of Current Registered A	
	•	T WRITE		(P.O. Box Number is Not Acceptable)	<u></u>
			City	FL	Zip Code
IGNATURE	Signature, typed or printed name of regis	skered agent and tiltle if applicable. Intangible January 1 After N	(NOTE: Registered Agent signature require - May 1 Fee is \$150.00 Aay 1, Fee is \$550.00		\$5.00 May Be
This corp Tax filing (See crite	Signature, typed or printed name of regis poration is eligible to satisfy its life requirement and elects to do seria on back) OFFICE PRESIDENT JULIEN MARI 100 N. BISCAYN	ntangible January 1 Interpolation Make Check Pa	(NOTE: Registered Agent signature require	d when reinstating) 10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
This corporate for the corpora	Signature, typed or printed name of regis poration is eligible to satisfy its life requirement and elects to do seria on back) OFFICE	ntangible January 1 O. After N Make Check Pa	(NOTE: Registered Agent signature require - May 1 Fee is \$150.00 May 1, Fee is \$550.00 nded UBR is \$61.25 ryable to Department of Sta	d when reinstating) 10. Election Campaign Financing Trust Fund Contribution	
9. This corp. Tax filing (See crite ITA ITLE IMME IREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE IREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of regis poration is eligible to satisfy its life requirement and elects to do seria on back) OFFICE PRESIDENT JULIEN MARI 100 N. BISCAYN	ntangible January 1 Interpolation Make Check Pa	NOTE: Registered Agent signature requires - May 1 Fee is \$150.00 Aay 1, Fee is \$550.00 ded UBR is \$61.25 nyable to Department of Sta TITLE NAME STREET ADDRESS CITY-ST-ZIP	te 10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.62-02

25-215-8511

Date

Daytime Phone #