	PLICAT FOR STATE		FLORIDA	RUCTIONS DEPARTMEN Katherine Ha Secretary of St VISION OF CORPOR	IT OF STATE rris tate	1	SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC -5 PM 5: 11	# 1,25 # 1,25
DOCUMENT # P99000087254 1. Corporation Name						00 DEC -5 PM 5: 11		######################################
·		UCTION, CORP.						
· 								
Principal Place of Business Mailing Address						 	. 1840 stok stok silil silil sikk sikk silit kara 1844 silit silit silit silit silit silit silit silit silit s	
30 NW 126TH ST. 30 NW 126TH ST. MIAMI FL 33168 MIAMI FL 33168						REINIG	TATERBERGE	
If above addresses are incorrect in any way, line through incorrect information and enter correction belo						REINSTATEMENT OF		
New Principal Office Address, If Applicable 3. New Mailing Office Address					Applicable	Date Incorporated or Qualified To Do Business in Florida 10/01/1999		
Suite, Apt. #			Suite, Apt. #,	etc.		-5. FEI Number	Applied For	2 3 1 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2
City & State	· · · · · · · · · · · · · · · · · · ·		City & State	ty & State			Not Applicable	
Zip Country			Zip Country		' 	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and/o	or Director (Flor		tions must list at lea			
Title(s) and/or Directors			Officer and/or Dire				City / State / Zip	
PD	D RAMOS, CARLOS G 3			30 NW 126TH ST.			MIAMI FL 33168	200 (100 miles)
VSTD	VSTD RAMOS, OSCAR 30 N				0 NW 126TH ST.		MIAMI FL 33168	4
					11		0003500481 0 -12/13/0001107007 ****750.00 ****750.00	
						422/8		■ 1141 ■ 1141 ■ 4 di
	9 Nor	no and Addrage of Current E	Pocietored Age	nt .	<u>}</u>	Q Name and A	ddress of New Panistered Apont	3 ,3
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent		- ■ ::::::
						P.O. Box Number is Not Acceptable)		CRZE040 (8/00)
30 NW 126TH ST. MIAMI FL 33168					Suite, Apt. #, Etc.			CRZEO
					City State Zip Code			
10. I, being	appointed th	ne registered agent of the abo	ve named corpo	oration, am familiar wit	th and accept the o	bligations of Section		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Registered /		Carlos R	GISTERED AG	ENT MUST SIGN			Date	21.34
this rein: owed by	statement ap	polication, the reason for disso	lution has been names of individ	eliminated, the corpo uals listed on this forr	rate name satisfies n do not qualify for	the requirements an exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNAT	ΓURE: _s	Carlon SIGNATURE AND TYPED OR PRI	Reun NTED NAME OF S	WHILE OFFICER OR D	Carlos DIRECTOR	Ramos	11-29-2000 11-29-20 Date Daytime Phone #	
								<u> </u>