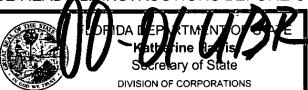
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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DOCUMENT #	P9900010D489
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1. Corporation Name

Management Associates, Inc

2. Principal C					
P.O. B	Office Address 14-345/	3. Mailing Office Address			
Suite, Apt. #, 6		Suite, Apt. #,	etc.		
CONA	/ GARJES				corporated or Qualified usiness in Florida
City & State	•	City & State		-	11-15-99
	IDA			5. FEI Num	S-0966269 Applied For Not Applicable
33/3	Country	Zip	Country	6.	ATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status
	 -	7. N	ame and Address of Current	Registered Agent	1000038194410
	Ropolfo	Silva	-		1000038194410 -03/08/0101101011 *****300.00 *****3 00.00
ļ	Street Address (P.O. Box Number is	Not Acceptable) 5/5	t Lane		
÷ :	-Suite, Apt.#, Etc		<u> </u>		
	City Mi AM!				State Zip Code FL 33/ >8
8 I being au	ppointed the registered agent of the at	named corno	ration, am familiar with and acc	ent the obligations of se	ection 607 0505 or 617 0503 E S
Signature of Registered Ag	gent	_	*		Date
	·	REGISTERED AG	ENT MUST SIGN		
9. Names ar	nd Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofit corporations mus	list at least 3 directors)
Titles	Name of Officers and/or Directo	s	Street Address of Each Officer and/or Director		City / State / Zip
President	- Ross/10 2	S'Lva	10031 N.W. S.	ST LANE	Miami FL 33 178
				•	
			•		
j					
	.,				AD

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

February 26, 2001

Andy Dunlap Document Specialist Supervisor Florida Department Of State **Division Of Corporations** P.O. Box 6327 Tallahassee Florida 32314

> Ref. Letter no. 801A00007210 Fund Management Associates Inc.

Dear Mr. Dunlap:

First and foremost, I would like to thank you for your time and courtesy when responding my telephone call and for forwarding the requested application to my attention in a prompt and timely manner.

سراست السيارية السيارة الماجاء المهاشين والإيلامين الخينة فياستمينتان As I had mentioned, we never received the prior forms submitted by your agency, due to a change in our mailing address. Please accept my apologies for all the trouble that this has caused.

Since the delay in this payment was not our fault, we will like for you to consider the waiver in the additional late fees charge to this account.

Once again, I would like to thank you for time and consideration to our request.

Should you have any questions, please do not hesitate to contact me at 954-292-7066.

Sincerely, the works of the state of the sta

Rodolfo Silva

President