ANNULL REPORT B96 Donsition of componences Discontinuous BEACON WEST, INC. Discontinuous Componences Maing Astrons See ORA, WAY	PROFIT .	FLOI	RIDA DEPARTM Sandra B. M				
OCUMENT # SO55884 (9) BEACON WEST, INC. Image Address Maing Address So Coal, Marx Soft Address Image Address Soft Address Soft Address Image Address Soft Address Soft Address Image Address Mark F 33145 X89 Soft Address Image Address Mark F 33145 X89 Mark F 33145 X89 Image Address Mark F 33145 X89 Mark F 33145 X89 Image Address Image Address Soft Address 2e Mark Address Image Address Image Address Soft Address Addres Address Address Address Address Addres Address Address			Secretary o	I Stale			
	-			PORATIONS			
Capacit Nume of Ducineose Capacit Nume Capacit Num Ca		05884	(9)	:			
Class Hotel of Bullines Descriptions Vice Class Units Store Contact Wart SUFE 422	BEACON WEST, INC.			- -	T KADALALA IN KANALALALA	an santa daka daka dakat debek dabu dakat	0 (0)((0 0)
Dip Conclusion Statute across status Mining Address 2a. Maining Address 2 Status 2a. Maining Address 3 Status 2a. Maining Address 3 Status 2a. Maining Address 3 Status 2b. Name and Address of Now Registered Agent 4 Status 4 Ory 2 Status 2b. Name and Address of Now Registered Agent 3 Status 4 Ory 2 Status 4 Ory 2 Status 2b. Discretize Status 3 Status 10 Name and Address of Now Registered Agent 3 Status <td< th=""><th>oal Place of Business</th><th>Mailing Addr</th><th></th><th></th><th></th><th></th><th></th></td<>	oal Place of Business	Mailing Addr					
Manup Address 2e. Manup Address 4. FEI Number Append for Strest April #, etc. Jaile, April #, etc. Strest April #, etc. S. Group 23824 Not Appointed Tool Rest Not Appointe	TE 402	SUITE 402			 Date Incorporated or Oual 	ified 3a . Date of Last Report	t
Bit Bit Protection Site 27 Site	ncipal Place of Business	2a. Mailing A	ddress				ed For
by 6 State 27 Cord 8 State Cord 8 State State <td< td=""><td>ito Apt # oto</td><td></td><td></td><td></td><td>65-0223824</td><td>Not A</td><td>Applicable</td></td<>	ito Apt # oto				65-0223824	Not A	Applicable
28 29 20<	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desire		
Product Product Product Statute	y & State	í	ate				
		y Zip	20	• i î	8. This corporation has liabilit	ly for intangible tax under s 199.	
MORA, OSWALDO J. 2050 CORAL WAY SUITE 402 MARANI FL 33145 E Street Address (P.O. Box Number is Not Acceptable) E Street Address (P.O. Box Number is Not Address (P.O. Box Number is Not Address (P.O. Box Number is Not Address							
2050 CORAL WAY SUITE 402 							
SOTIE For Common Society of Control Statutes File Status Status File Status Status File Status Sta	2050 CORAL WAY				ess (P.O. Box Number is Not Acc	eptable)	
Provide the provisions of Suctions 607,0502 and 607,1508. Florida Statutes, the abdve named corporation submits the statement for the purpose of changing is registered agent. I am registered agent, or both, in the State of Florida. Such change was authorized by the opporation's board of directors. Thereby accept the appointment as registered agent. I am analise with, and accept the colligations of, Section 607,0500, Florida Statutes. INOTE Pageleted Agent systems accept the colligations of, Section 607,0500, Florida Statutes. INOTE Pageleted Agent systems accept the colligations of, Section 607,0500, Florida Statutes. INOTE Pageleted Agent systems accept the colligations of the appointment as registered agent. I am ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I style accept the colligation and the accept the appointment as registered agent. I am ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I style accept the colligation accept the appointment as registered agent. I am ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I style accept the appointment are discussed agent accept the appointment as registered agent. I appress accept the colligation accept the appointment as registered agent. I appress accept the appointment are discussed agent. I appress accept the appointment as registered agent. I appress accept the appointment as registered agent. I appress accept the appointment are discussed agent. I appress accept the appointment are discussed agent. I appress accept the appointment accept the appointment as registered agent. I appress accept the appointment a	NUTT AND			83			
Pursuant to the provisions of Socions 607 0502 and 607 1508. Fordal Statutes the above named corporation submits the statement for the purpose or submits in the statement for the state of Fridal Subdials. Such change was authorized by the corporation's board of directors. I hereby accept the appointment its registered agent. I am familiar was, and accept the obligations of, Section 607.0505, Florida Statutes. VATURE							
NATURE DATE DATE Signature, based or printed name all registated agent and then all registated agent agent agent agent agent agent ag	MIAMI FL 33145					FL	
Stylete. Syde pilled name of pilled and of any and the large data. INCIE Registered Agent agritume resulting when revealing revealing revealing revealing revealing revealing revealing reveali	VIAMI FL 33145	ons 607.0502 and 607.1508, Fio State of Florida. Such change w	rida Statutes, the	e above-pamed corpor	ation submits this statement for the		ared office
PST DELETE 1.11 ILE Change Addition I ADDRESS 2050 CORAL WAY SUITE 402 13 street ADDRESS 13 street ADDRESS S1-20° MIAMI FL 14 ctrv-st-ztp	JIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the milliar with, and accept the obligat ATURE	State of Florida. Such change w. tions of, Section 607.0505, Florid	orida Statutes, the ras authorized by da Statutes.	e above-pamed corpor	ration submits this statement for th of of directors. I hereby accept the		ered office
1 ADDRESS 2050 CORAL WAY SUITE 402 13 streter ADDRESS S1:-2P D DELETE 2 1 TILE MORA, OSWALDO J. 22 NAME 23 streter ADDRESS 2050 CORAL WAY SUITE 402 23 streter ADDRESS 20 streter ADDRESS 2050 CORAL WAY SUITE 402 23 streter ADDRESS 23 streter ADDRESS 2050 CORAL WAY SUITE 402 23 streter ADDRESS 24 ctyr.str.2P MIAMI FL DELETE 3 1 tTILE Change Addition 1 ADDRESS 33 streter ADDRESS 33 streter ADDRESS 4 ctyr.str.2P I ADDRESS 33 streter ADDRESS 33 streter ADDRESS 4 ctyr.str.2P 1 ADDRESS 33 streter ADDRESS 4 ctyr.str.2P Addition 1 ADDRESS 4 ctyr.str.2P 4 ctyr.str.2P Addition 1 ADDRESS 4 streter ADDRESS ****?DOLOO Addition 1 ADDRESS 5 streter ADDRESS ****?DOLOO Addition 1 ADDRESS 5 streter ADDRESS ****?DOLOO Addition 1 ADDRESS 5 streter ADDRESS ****?DOLOO Change Addition 1 ADDRESS 5 streter ADDRESS \$ streter ADDRESS ****?DOLOO </td <td>AIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of</td> <td>State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if applicable.</td> <td>as authorized by da Statutes.</td> <td>e above named corpor the corporation's boa</td> <td>rd of directors. I hereby accept the</td> <td>PL le purpose of changing its registe e appointment as registered ager</td> <td>ered office nt. 1 am</td>	AIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if applicable.	as authorized by da Statutes.	e above named corpor the corporation's boa	rd of directors. I hereby accept the	PL le purpose of changing its registe e appointment as registered ager	ered office nt. 1 am
SI-2P MIANI FL 14 chry-str-2P D DELETE 2 trifle Addition 22 styme tabless 2050 COPAL WAY SUITE 402 23 street ADDRESS SI-2P 24 chry-str-2P MIAMI FL 24 chry-str-2P I ADDRESS 2050 COPAL WAY SUITE 402 SI-2P 24 chry-str-2P I ADDRESS 33 street ADDRESS Str-2P 34 chry-str-2P I ADDRESS 33 street ADDRESS Str-2P 34 chry-str-2P I ADDRESS 33 street ADDRESS Str-2P 34 chry-str-2P I ADDRESS 34 street ADDRESS Str-2P 44 chry-str-2P I ADDRESS 43 street ADDRESS Str-2P 43 street ADDRESS I ADDRESS 53 street ADDRESS Str-2P 42 bhreet ADDRESS I ADDRESS 53 street ADDRESS Str-2P 42 bhreet ADDRESS I ADDRESS 53 street ADDRESS Str-2P 51 chreet Street ADDRESS Street ADDRESS 53 street ADDRESS Street ADDRESS 53 street ADDRESS Street A	AIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of O PST	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if applicable. IFFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE: Reg	e above-named corpor the corporation's boa gsteed Agent signature require 13.	rd of directors. I hereby accept the	DATE	ered office nt. I am
D DELETE 2 1 True Change Addition MORA, OSWALDO J. 22 NAME 23 Street ADDRESS 2050 CORAL WAY SUITE 402 23 Street ADDRESS S1-2/P MIAMI FL 24 of Y-IFLE 24 of Y-IFLE Change Addition I ADDRESS DELETE 3 1 True Change Addition I ADDRESS 33 Street ADDRESS 33 Street ADDRESS Addition I ADDRESS 33 Street ADDRESS 33 Street ADDRESS Addition I ADDRESS 34 Dity-S1-2/P Addition Addition I ADDRESS 10 DELETE 31 True Change Addition I ADDRESS 10 DELETE 31 True 10 DELETE Addition I ADDRESS 10 DELETE 41 True 10 DELETE 10 DELETE I ADDRESS 43 Street ADDRESS ****200.00 Addition I ADDRESS 53 Street ADDRESS ****200.00 Addition I DELETE 51 True Change Addition Str.2/P I DELETE 51 True Change Addition ADDRESS 53 Street ADDRESS 53 Street ADDRESS 53	AIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of O PST MORA, OSWALDO	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if applicable. IFFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE: Reg	e above-named corpor the corporation's boa pisteed Agent signature require 13. 1.1 TTLE 1.2 NAME	rd of directors. I hereby accept the	DATE	ered office nt. I am
I ADDRESS 2050 CORAL WAY SUITE 402 23 STREET ADDRESS S1-2IP II ADMI FL I Change Addition I ADDRESS II TILE I Change Addition S1-2IP II DELETE II TILE IChange Addition I ADDRESS II ADDRESS II ADDRESS II ADDRESS II ADDRESS S1-2IP II ADDRESS II TILE II ADDRESS II ADDRESS S1-2IP II ADDRESS II TILE II ADDRESS II ADDRESS S1-2IP II DELETE II TILE II ADDRESS II ADDRESS S1-2IP II ADDRESS II STILE II ADDRESS II ADDRESS S1-2IP II ADDRESS II ADDRESS II ADDRESS II ADDRESS S1-2IP II ADDRESS II ADDRESS II ADDRESS II ADDRESS S1-2IP II ADDRESS II ADDRESS II ADDRESS II ADDRESS S1-2IP II ADDRESS II ADDRESS II ADDRESS II ADDRESS S1-2IP II DELETE II II DELETE II	AIAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if applicable. IFFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE: Reg	e above-named corpor the corporation's boa pistered Agant signature require 13. 1.1TILE 1.2 NAME 1.3 STREET ADDRESS	rd of directors. I hereby accept the	DATE	ered office nt. I am
MIAMI FL 24 Ctry - ST- 2iP I ADDRESS I DELETE I ADDRESS 33 STREET ADDRESS ST-ZIP I Change I ADDRESS I ST-ZIP I Change I Addition ST-ZIP I Change I DELETE S I TTLE I Change I Addition S I STEET ADDRESS I Change I Change I Addition S I ST-ZIP I Change I Change I Addition S I ST-ZIP	AliAMI FL 33145 ursuant to the provisions of Section registered agent, or both, in the miliar with, and accept the obligat ATURE: Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. FFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE Rej DELETE	e above-named corpor the corporation's boa pistered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE	rd of directors. I hereby accept the	PL Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IN Change	ered office nt. I am N 12 Addition
ADDRESS 32 NAME 33 SIREET ADDRESS ST-ZIP DELETE DELETE 4 DPLETE 5 DELETE 4 DPLETE 5 DELETE 5 STREET ADDRESS 5 STREET A	AliAMI FL 33145 ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE: Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO	State of Florida. Such change w tions of, Section 607.0505, Florid efregistered agent and the it applicable. IFFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE Rej DELETE	e above-named corpor the corporation's boa pistered Agant signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	rd of directors. I hereby accept the	PL Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IN Change	ered office nt. I am N 12 Addition
I ADDRESS 33 S REET ADDRESS ST-ZIP 34 CTY - ST-ZIP I DELETE 4.1 TTLE 4 DORESS 33 STREET ADDRESS I ADDRESS 4.3 STREET ADDRESS I ADDRESS 4.3 STREET ADDRESS ST-ZIP 4.4 CTY - ST-ZIP I ADDRESS 4.3 STREET ADDRESS ST-ZIP 4.4 CTY - ST-ZIP I ADDRESS 5.1 TTLE ST-ZIP Change I DELETE 5.1 TTLE ST-ZIP Change I DELETE 5.1 TTLE ST-ZIP 5.1 TTLE I DELETE 5.1 TTLE ST-ZIP 5.1 TTLE I DELETE 5.1 TTLE ST-ZIP 5.1 TTLE I DELETE 5.1 TTLE ST-ZIP 5.4 CTY - ST-ZIP I DELETE 6.1 TDLE ST-ZIP 6.1 TDLE I DELETE 6.1 TDLE ST-ZIP Change ADDRESS 6.3 STHEET ADDRESS ST-ZIP 6.4 CTY - ST-ZIP	ALAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE: Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MORA, OSWALDO 2050 CORAL WAY	State of Florida. Such change w tions of, Section 607.0505, Florid efregistered agent and the it applicable. IFFICERS AND DIRECTORS	vas authorized by da Statutes. (NOTE Rej DELETE	e above-named corpor the corporation's boar pistered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	rd of directors. I hereby accept the	PL Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IN Change	ered office nt. I am N 12 Addition
ST-ZIP 34 Cit Y - ST-ZIP IDELETE IDELETE 4 2 NAME US/01/9601013043 ADDRESS 5 1 TTLE 17 ZIP S4 Cit Y - S1 - ZIP ADDRESS E3 STREET ADDRESS 17 ZIP S4 Cit Y - S1 - ZIP ADDRESS E3 STREET ADDRESS 17 ZIP S4 Cit Y - S1 - ZIP	ALAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE: Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MORA, OSWALDO 2050 CORAL WAY	State of Florida. Such change w tions of, Section 607.0505, Florid etregistered agent and the it applicable. IFFICERS AND DIRECTORS J. Y SUITE 402	INOTE Reg INOTE Reg DELETE	e above-named corpor the corporation's boar pistered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE	rd of directors. I hereby accept the	PL Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. I an N 12 Addition Addition
LADDRESS 43 STREET ADDRESS ****?OO.OO ST-ZIP 44 CI Y-ST-ZIP IDELETE 5.1 TILE ST-ZIP Change ADDRESS 5.3 STREET ADDRESS ST-ZIP 5.1 TILE ADDRESS 5.3 STREET ADDRESS ST-ZIP 5.4 CT Y-ST-ZIP IDELETE 6.1 TILE	ALAMI FL 33145 ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid etregistered agent and the it applicable. IFFICERS AND DIRECTORS J. Y SUITE 402	INOTE Reg INOTE Reg DELETE	e above-named corpor the corporation's boar pistered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	rd of directors. I hereby accept the	PL Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. 1 an N 12 Addition
LADDRESS 43 STREET ADDRESS ****?OO.OO ST-ZIP 44 CI Y-ST-ZIP IDELETE 5.1 TILE ST-ZIP Change ADDRESS 5.3 STREET ADDRESS ST-ZIP 5.1 TILE ADDRESS 5.3 STREET ADDRESS ST-ZIP 5.4 CT Y-ST-ZIP IDELETE 6.1 TILE	ALAMI FL 33145 ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL ADDRESS	State of Florida. Such change w tions of, Section 607.0505, Florid etregistered agent and the it applicable. IFFICERS AND DIRECTORS J. Y SUITE 402	INOTE Reg INOTE Reg DELETE	e above-named corpor the corporation's boar stered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS	rd of directors. I hereby accept the	Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. 1 an N 12 Addition
ST-ZIP 4.4 Cit Y-ST-ZiP DELETE 5.1 TriLe DELETE 5.1 TriLe ST-ZIP 5.3 STREET ADDRESS ST-ZIP 5.4 Cit Y-ST-ZiP DELETE 6.1 TriLe DELETE 6.1 TriLe DELETE 6.1 TriLe Change Addition 6.2 NAME 6.1 TriLe I ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.1 TriLe I ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.1 TriLe I ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.4 Cit Y-ST-ZIP	ALAMI FL 33145 ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of O PST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL ADDRESS	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if and calle. IFFICERS AND DIRECTORS	INOTE Rec INOTE Rec DELETE DELETE	e above-named corpor the corporation's boar stered Agent signature require 13. 1. 1 T TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TTLE	rd of directors. I hereby accept the	Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. 1 an N 12 Addition Addition
ADDRESS DELETE 5.1 TILE DELETE 5.1 TILE ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CTY - ST - ZIP Change Addition 6.2 NAME 6.1 TALE	AliAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDC 2050 CORAL WAY MIAMI FL D MORA, OSWALDC 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if and calle. IFFICERS AND DIRECTORS	INOTE Rec INOTE Rec DELETE DELETE	e above-named corpor the corporation's boar petered Agent signature require 13. 1. 1 T TLE 1. 2 NAME 1. 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TTLE 4.2 NAME	ADDITIONS/CHANGES TO	Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. 1 ann N 12 Addition Addition
ADDRESS 5.3 STREET ADDRESS ST-ZIP 54 COY-ST-ZIP DELETE 6 1 TO LE ADDRESS 6.3 STREET ADDRESS ST-ZIP 6 3 STREET ADDRESS ADDRESS 6.3 STREET ADDRESS ST-ZIP 6 4 COY-ST-ZIP	ALAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the if and calle. IFFICERS AND DIRECTORS	INOTE Rec INOTE Rec DELETE DELETE	e above-named corpor the corporation's boar pietered Agent signature require 13. 1. 1 TILE 1. 2 NAME 1. 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO	Purpose of changing its registered ager DATE OFFICERS AND DIRECTORS IT Change Change Change	ered office nt. 1 ann N 12 Addition Addition
ST-ZIP 54 C(Y-ST-ZIP DELETE 6 1 TDLE DELETE 6 1 TDLE 6 2 NAME 6.3 STREET ADDRESS ST-ZIP 6 4 CTY-ST-ZIP	ALAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the imiliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS J J. Y SUITE 402	INOTE Rec INOTE Rec DELETE DELETE DELETE	e above-named corpor the corporation's boar petered Agent signature require 13. 1. 1 T TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TTLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO	PL Ne purpose of changing its registered ager DATE DATE OFFICERS AND DIRECTORS IN Change	ered office nt. 1 am N 12 Addition Addition Addition
ADDRESS 6 1 TrDLE 6 1 TrDLE Change Addition 6 2 NAME 6 3 STREET ADDRESS 51 - ZIP 6 4 CT Y - SI - ZIP	AlAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS J J. Y SUITE 402	INOTE Rec INOTE Rec DELETE DELETE DELETE	e above-named corpor the corporation's boa pietered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-ST-ZIP 3.1 TILE 3.3 STREET ADDRESS 3.4 City-ST-ZIP 4.1 TILE 4.3 STREET ADDRESS 4.4 City-ST-ZIP 5.1 TILE 5.2 NAME	ADDITIONS/CHANGES TO	PL Ne purpose of changing its registered ager DATE DATE OFFICERS AND DIRECTORS IN Change	ered office nt. 1 an N 12 Addition Addition Addition
ADDRESS 6.3 STREET ADORESS ST-ZIP 6.4 CTY-ST-ZIP	AliAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS	INOTE Rec INOTE Rec DELETE DELETE DELETE	e above-named corpor the corporation's boar astered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO	Image: Purpose of changing its registered ager DATE DATE DOFFICERS AND DIRECTORS IN Change	ered office nt. 1 am N 12 Addition Addition Addition
51-ZIP 64 CITY-SI-ZIP	AliAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS J J. Y SUITE 402	INOTE Rec INOTE Rec DELETE DELETE DELETE DELETE	e above-named corpor the corporation's boa pietered Agent signature require 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP	ADDITIONS/CHANGES TO	Image: Part of the purpose of changing its registered ager DATE DATE OFFICERS AND DIRECTORS IN Change Change	ered office nt. 1 am N 12 Addition Addition Addition Addition
	AliAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, typed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS J J. Y SUITE 402	INOTE Reconstruction	e above-named corpor the corporation's boar astered Agent signature require 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILE	ADDITIONS/CHANGES TO	Image: Part of the purpose of changing its registered ager DATE DATE OFFICERS AND DIRECTORS IN Change Change	ered office nt. 1 am N 12 Addition Addition Addition Addition
	ALAMI FL 33145 Ursuant to the provisions of Sector registered agent, or both, in the miliar with, and accept the obligat ATURE Signature, speed or printed name of OPST MORA, OSWALDO 2050 CORAL WAY MIAMI FL D MORA, OSWALDO 2050 CORAL WAY MIAMI FL 200 2050 CORAL WAY MIAMI FL 200 2050 CORAL WAY MIAMI FL	State of Florida. Such change w tions of, Section 607.0505, Florid of registered agent and the it and cable. IFFICERS AND DIRECTORS J J. Y SUITE 402	INOTE Reconstruction	e above-named corpor the corporation's boa pistered Agent signature regiter 13. 1. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO	Image: Part of the purpose of changing its registered ager DATE DATE OFFICERS AND DIRECTORS IN Change Change	ered office nt. 1 am N 12 Addition Addition Addition Addition