COLDENATION OF STATES AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am Secretary of State

		211101011101	OKPORATIONS				
DOCU 1. Corporation	MENT# S07968		02-16-1999 90048 005 ***	**150.00			
D.B.IÃA	MERICA CORPORATION						
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· · · · · · · · · · · · · · · · · · ·	ce of Business	Mailing Address					
8194 WOODLA TAMPA FL 336 US	IND CENTER BLVD. 314	8194 WOODLAND CENTER I TAMPA FL 33614 US	BLVD.	DO NOT WRITE IN TH	HIS SPACE		
				3. Date Incorporated or Qualifed			
r 15 %				10/23/1990			
	Place of Business	2a. Mailing Address		4. FEI Number		lied For	3
Suite, Apt.	# atc	Suite, Apt. #, etc.		59-3041257	\$8.75 Ad	Applicable	3
22 suite, Apr.	. #, etc.	27		5. Certifcate of Status Desired	Fee Req		•
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 M	lay Be	
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year		¬	
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registere		□No	
	3. Name and Address Of Current	ivegistered Agent	81 Name	10. Hame and Address of Herr Registers	ou Agent		
FER	NANDES, VIBRACI R		20 20 11	(D.O. D. Marsh at a New Assessment)		· · · · · · · · · · · · · · · · · · ·	
분 5-541	1 PINE BAY DR		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
TAM	IPA FL 33625		83			2 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City	· · · · · · · · · · · · · · · · · · ·	. 85 Zip Co	di 1990 (\$2)	
Bees on the				F	L		
11. Pursuant office or	to the provisions of Sections 607.0502	t and 607.1508; Florida Statutes of Florida, Such change was aut	s, the above-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its re pointment as regis	egistered stered	
It's access to	m familiar with and accept the obligati	1 0 " 007 OFAF EL		, , ,	_		
go agentina	an lander with and doops the beinger	ons of, Section 607.0505, Flore	da Statutes.				
SIGNATURE				and the second s	- x - y y - 2 x -		_
,	e "	and title if applicable. (NOTE: F	da Statutes. Registered Agent signature required: 13.	and the second s			(00)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS			(44 (00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D FERNANDES, LUCI S.C.	and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	(04 /44 /00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D FERNANDES, LUCI S.C. 5411 PINE BAY DR	and title if applicable. (NOTE: F	ntegistered Agent signature required 13.	uired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D FERNANDES, LUCI S.C. 5411 PINE BAY DR TAMPA FL 33625	and title if applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature requests 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR ☐ Change	S IN 12	(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D FERNANDES, LUCI S.C. 5411 PINE BAY DR TAMPA FL 33625 D	and title if applicable. (NOTE: F D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	(90) 4 (44 (00)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver outrustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in. Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/9/ Date (813)886.0494