PLEASE READ ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
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API REIN	4400	FLO	RIDA DEPARTM Katherine Secretary o	Harris f State		FILED FIARY OF STATE OF CORPORATIONS		
DOCUMENT # S10075 1. Corporation Name				99 OCT 28 PM 4:51				
•	ONSIGNMENT	EXCHANGE, II	NC.					
21078 POWERLINE ROAD 21073 PO SUITE 21 SUITE 21		ng Address POWERLINE ROAD : 21 RATON FL 33433						
	ddresses are incorrect in a ne-pal Office Address, If Ap		rect information and en Mailing Office Address		4. Date Incorp	orated or Qualified		
Suite, Apt. #. etc.			Suite, Apt. #, etc.		5. FEI Number		/30/1990 Applied For	
			City & State		6		Not Applicable 5 Additional Fee required	
Zip	Country	Zip	Col	untry	CERTIFICATI		or a Certificate of Status	
7. Names Title(s) 1	Name of Officers and/or Director (F) Name of Officers and/or Directors 2 PARISI, THEODORA S		3	Street Address of Each Officer and/or Director		City / State / Zip DELRAY BEACH FL		
VP MANNINO, THEODORA		A A	3015 S OCEAN		VD #4A BOC		BOCA RATON FL	
					21 1 h l	0003035 -11/05/990 ****150.00	8525 01011025 ****150.00	
-	8. Name and Addre	ss of Current Registere	d Agent	1	9. Walme and	Address of New Registered A	Agent	
5085 N	I, THEODORA S MONTEREY LANE Y BEACH FL 33484			Street Address Suite, Apt. #, Et		is Not Acceptable)	Zip Code	
10. I, being lignature o Registered	g appointed the registered. Agent Hood	na a.T	Corporation, am familia Mexico D AGENT MUST SIGN		obligations of Sect	on 607.0505, F.S. Date 10/25/	99	
this reir owed b	statement application, the	reason for dissolution has n paid and the names of	s been eliminated, the coindividuals listed on this	orporate name satisfie form do not qualify fo	s the requirements r an exemption un	apter 607 or 617, F.S. I further t of section 607.0401 or 617.04 der section 119.07(3)(i), F.S.	101, F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0058658