## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPÓRATIO STATEME					Secretar	TMENT O y of State orporatio		04	ไบฟ of FEB 2	CORPÓ	PATION	•	
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									iciiS	TAT	ŒW		13-6	Y
2. Principal Office Address  3. Maili  (471 SW 30 to Ave # 6  Suite, Apt. #, etc.  Suite, Apt. #, etc.							ss ow Dir	Ker	4 300028789623 02/16/0401025033 **750.00					
City & State					2832 University brie				4. Date Incorporated or Qualified To Do Business in Florida					
Doery old Beach Fit				- <u>ر</u>	Coval Spring - Flort-da			<u> </u>	5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required					
<u>33441</u>		13roward 37071 Broward CERTIFICATE OF STATUS DESIRED (for a Certificate of Status)												
	Name													) .
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Barran Bar														
9. Names	and Street Add	resses (	of Each O	fficer and	or Director (Fl	orida nonpro	fit corporation	s must list at le	ast 3 directors)	A	year a series of the second	deline controlleration is the second		
Titles Name of Officers and/or Directors					Street Address Officer and/or I					City / State / Zip				
Ē	Tony Bronetto					1471.	m 30.	ry gren	ve # 6	Dee	rrie la	Becu	-, Fl =	33442
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this rein owed b	nstatement appli	ication, n have l	the reaso been paid	n for disso and the n	olution has bee names of indivi	n eliminated, duals listed o	the corporate in this form do	name satisfies not qualify for		of section fer section	i 607.0401 o 119.07(3)(i),	r 617.0401, F F.S. The infi	F.S., that a ormation in	all fees ndicated
SIGNAT	TURE:	المتالكة	AND TO	50	NTED NAME OF	SIGNING OF	ICED OD DIDE	CTOP	2/1	0/0	77	954-L	127 - 1	1994