<u>-</u>												
. Entity Name	MENT # S	FILED Jan 09, 2001 8:00 am										
							Se	ecre	tary	y of	Si	tate
rincipal Place	e of Business		Mailing Address			7	0	1-09-200	01 9003	38 030 3	***1	50.00
567 NW 72ND AVE IAMI FL 33166 S			P.O. BOX 652623 MIAMI FL 33265 US									
. Principal Pl	ace of Business	<u> </u>	3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-		NOT WRIT			111 B1611	
City & State)	_	City & State			4. FE	El Number 65-	024520°	1			olied For
Zip	Country	,	Zip	Cour	ntry	5. C	ertificate of Status		· 	\$8.75 Fee Re	Addi	
• , - :	-6. Name and Adds	ess of Current Re	gistered Agent			7. Na	me and Address	of New R	egistered		<u> </u>	
\ni + C	TMA NILO E CO				Name							
	ena, nilo e., sr. Sw 65 st				Street Address	(P.O. Bo	x Number is Not A	Acceptable	2)			
MIAMI FL 33173										<u> </u>	0-1	
					City					l Zip	Code	
MIAM	named entity submits	this statement for th	ne purpose of chang	ging its register		ered age	nt, or both, in the S	State of Flo	Fi orida.	<u>-</u>		
MIAM The above SIGNATURE _ This corpo Tax filing re		ne of registered agent and sfy its Intangible to do so.	title if applicable. FILE After MAY	(NOTE: Registere	ed office or regist	ed when rein		mpaign Fin	DATE ancing			May Be to Fees
MIAM The above SIGNATURE _ This corpo Tax filing re	named entity submits Signature, typed or printed nar rration is eligible to sati equirement and elects ia on back)	ne of registered agent and	itte if applicable. FILE After MA Make Check	(NOTE: Registere	ed Agent signature required S 150.00 e will be \$550.00 epartment of Si	ed when rein	nstating) 10. Election Car	mpaign Fin Contribution	DATE nancing	O A	dded TORS	to Fees
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