FILE NOW: FILI	NG FEE AFTE	R MAY 1 IS \$225.00		
PROFIT		FLORIDA DEPARTMENT OF STATE		
CORPORATION		Sandra B. Mortham		
WINITED DEDOOD	国际	Coordiany of State		

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PR	OFIT	() A ()	FLORIDA DEPAR	RTMENT OF S	STATE		
CORPO	RPORATION Sandra B. Mortham			İ			
	L REPORT		Secreta	ry of State			
			DIVISION OF (•	าพร	1	
19	996	60 61 10	DIVISION OF			∮	
DOCUM 1. Corporation Na		38762	(8)				
VOSGES						The same and same and the same and	
VOSGES	, com ·						
Principal Place of	Business		Mailing Address				
C/O STANLEY J. KRIEGER			C/O STANLEY J. KRIEGER 1 SE 3RD AVE 2130				
1SE 3RD AVE			MIAMI FL 33131 US		3. Date incorporated or Qualified	3a. Date of Last Report	
MIAMI FL 3313 US	1					03/19/1991	04/21/1995
00						4. FEI Number	Applied For
2. Principal Place	e of Business		2a. Mailing Address			65-0260872	Not Applicable
21			26	<u></u>			\$8.75 Additional
Suite, Apl. #,	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
22			27]			6. Election Campaign Financing	\$5.00 May Be
		ļ	City & State			Trust Fund Contribution	Added to Fees
23			28	Count	~	8. This corporation has liability fo	r intangible tax under s 199.032,
Zip	Country	y	Zip	30	,	Florida Statutes	s KLINo
24	25		29	1301		10. Name and Address of New Registered Agent	
	9. Name and Addre	ess of Current H	egistered Agent	8	1 Name		
						CO C) Al physic Not Accord	abla'
KRIEGER	, STANLEY J.			8	2 Street Add	Iress (P.O. Box Number is Not Accept	10le,
1SE 3RD	AVE STE 2130			E			
MIAMI FL				5	3		
				Ē	4 City		FL 85 Zip Code
					1		f shapping its registered office
11 Purcuant to	the provisions of Sect	ions 607.0502 ar	nd 607.1508, Florida Statut	tes, the abov	e-named corpo	oration submits this statement for the food of directors. Thereby accept the at	oppointment as registered agent. I am
or registere	d agent, or both, in the	State of Florida.	Such change was authori 607.0505, Florida Statute	zeo by ine oc s.	rporation's bo	ard of directors. The bey are say	surpose of changing its registered office oppointment as registered agent. I am
lattillar with	, and accept the congr	0.000					
SIGNATURE .	lignature, typed or printed name	e of registered agent and	ditire il applicable (N	OTE: Registered A	gant signature requi	red when reinstating)	DATE
12.	igresidie, typesi 5 prince in	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO U	FFICERS AND DIRECTORS IN 12 Change
TITLE	PD		☐ DELETE	1, 1 10	LF		Cuange C Monton
l	KLEINFELD, DE	NIS		1.2 NA	ME		
NAME	1SE 3RD AVE -	STE 1040		1.3 STF	EET ADDRESS		
STREET ADDRESS		016 1010		14.01	Y - ST - ZIP		
C:TY-ST-ZIP	MIAMI FL		☐ DELETE	2.1 10			Change Addition
TITLE	SDT	uev I	L Office	22 NA			
NAME	KRIEGER, STAN	ILET J			REET ADDRESS		
STREET ADDRESS	1SE 3RD AVE 2	130					
CITY+S1-ZIP	MIAMI FL		E DELETE		Y-SI-ZIP		Change Addition
THLE			☐ DELETE	3.1 TI	I		
NAME				3 2 NA	1		
STREET ADDRESS					REET ADDRESS		
CHY-ST-ZIP					IY-ST-ZIP		Change Addition
THE			☐ DELETE	4.179	ILE		
NAME				4.2 N/	IME		
1				4.3 S1	REET ADDRESS		
STREET ADDRESS				4.4 C	IY-SI-ZIP		Change [7] Addition
CITY-ST-ZIP			DELETE	5. 1 T			☐ Change ☐ Addition
1111.8				52 N	AME		
NAME					TREET ADORESS		
STREET ADDRESS				4	ITY-ST-ZIP		
CITY - ST - ZIP			DELETE	6 1 1			Change Addition
TITLE			☐ DECEIE				
NAME				62 N	AME		

14. If o hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certification in the certification of the certific

6 3 STREET ADDRESS

64 CITY - ST-ZIP_

SIGNATURE:

STREET ADDRESS

SIGNATORE AND TYPE OF PRINTED NAME OF SIGNING OF DIFFE OR DIFFECTOR

4/15/96

Daytime Prions # (305) 358-1889