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2. Principal Pater of Busines B03. N. E. 199th. STREET C04 State I 02 Do NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE I 02 DO NOT WHITE IN THIS SPACE I 1 DO NOT WHITE IN	Principal Plac	e of Business	Mailing Address		
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Suite, Apt # etc.         Suite, Apt # etc.         DO NOT WHITE IN THIS SPACE           102         City & State         Applied For.           City & State         City & State         A FC. Number 65-0308571         Applied For.           MIAML FLORIDA 33179         DATE MCORPROAFED QUALIFIED Intel Anapolicitally         State Address of Current Registered Agent         Applied For.           Nume and Address of Current Registered Agent         Intel Address of Current Registered Agent         Intel Address of Current Registered Agent         State Address of New Registered Agent           Nume and Address of Current Registered Agent         Intel Registered Agent         Intel Registered Agent         State Address of New Registered Agent           Nume and Address of Current Registered Agent         Intel Registered Agent         Intel Registered Agent         State Address of New Registered Agent           Nume and Address of Current Registered Agent         Intel Registered Agent         Intel Registered Agent         Intel Registered Agent           Nume and Address of Current Registered Agent         Intel Registered Agent         Intel Registered Agent         Intel Registered Agent           State Address of Corrent Registered Agent         Intel Registered Agent         Intel Registered Agent         Intel Registered Agent           State Address of New Registered Agent         Intel Registered Agent         Intel Registered Agent         Intel Reg	2. Principal Place of Business 3. Mailing Address				—
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City & State     All FEI Number of 50:0308571     [Inclustry       Zo     DADE     MIAMI FLORIDA 33179     DADE       Zo     DaDE     Zo     DADE       DADE     DADE     Constry       Source V     Constry     State Address of Current Registered Agent       DATE     MIAMI FLORIDA 33179     State Address of New Registered Agent       DATE     Name and Address of Current Registered Agent     Name       DATE     MIAMI FLORIDA 33179     State Address of New Registered Agent       DATE     MIAMI FLORIDA 33179     State Address of New Registered Agent       DATE     MIAMI FLORIDA 33179     State Address of New Registered Agent       DATE     MIAMI FLORIDA 33179     State Address of New Registered Agent       DATE     State Address of New Registered Agent       City     FL     Zp Code       8. The above namee entry submits file statement to the purpose of changing its registered Agent address of New Registered Agent       State Address of New Registered Agent Address of New Registered Agent       State Address of New Registered Agent Address of New Registered Agent       State Address of New Registered Agent Address Address of New Registered Agent Address of New Registere	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
MIANI FLORIDA 33179       MIANI FLORIDA 33179       DATE       INCREPORATED       QUALIFIED       Nor Applicable         Zip       County       Zip       County       DADE       Schulz Degind       \$8,75 Anadrowing the Required Agent         Image: County Date       Name and Address of Current Registered Agent       Image: County Date       Name       Name         DAVE       WILLIAMS       Stock Address of New Registered Agent       Image: County Date       Image: Count					
Zip         Country DADE         S/24/21/971 Additional Fee Reaction         S 75 Additional Fee Reaction           0. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           DAVE         WILLLAMS 80(3) N. S. 1996 th. STREET MIAMT FLORIDA 33179         Name         Name         Name           Street Address (PL). Box Number is Not Acceptable)         City         FL         Zip Code           8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         Steel Address (PL). Box Number is Not Acceptable)           SIGNATURE         Zip down, lipscir in Highering ingel as address and the lipscir address a			,		
LADE	·	Country '		Country	5/22/1991. 5 Certificate of Status Desired <b>\$8.75</b> Additional
DAVE WILLIAMS 803 N. F. 199Eh STREET MIAMI FLORIDA 33179     Name       Street Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       8. The above named entry submits his statement for the purpose of changing its registered agont, or both, in the State of Florida.     Street Address (PO. Box Number is Not Acceptable)       Sign Antion beach     City     FL     Zip Code       9. The concorrection is eligible to satisfy its intemptible Tax flip requirement and elects to do so.     After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State     10. Election Campaign Financing Tuzt: Fund Control.tion.     \$5.00 May Be Added to Fees       9. The concorrection is eligible to astisfy its intemptible Tax flip requirement and elects to do so.     12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Wite Finance Concert Payable to Department of State     10. Election Campaign Financing Tuzt: Fund Control.tion.     \$5.00 May Be Added to Fees       11.     OFFICERS AND DIRECTORS IN 11 Wite Street Address 007: 97-79     11. Election Campaign Financing Tuzt: Fund Control.tion.     \$5.00 May Be Added to Fees       11.     OFFICERS AND DIRECTORS IN 11 Wite Street Address 007: 97-79     11. Election Campaign Financing Tuzt: Fund Control.tion.     \$6.00 Added to Fees       12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Wite Street Address 007: 97-79     11. Tuzt Wite Street Address 007: 97-79     11. Tuzt Wite Street Address 007: 97-79     11. Tuzt Wite Street Address 007: 97-79     11. T			logistarad Apart		
803 N. E. 199 th STREET MLAMI FLORIDA 33179       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Cade         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       Store t. Address (P.O. Box Number is Not Acceptable)         SIGNATURE       Zip Cade       Store t. Address (P.O. Box Number is Not Acceptable)         9. This comparison is eligible to satisfy its intrangular agent as to <i>t</i> applicable.       POLE Registered Agent agent, or both, in the State of Florida.         9. This comparison is eligible to satisfy its intrangular.       FLE NOWIII FEE IS \$150.00 Make Check Payable to Department of State       10. Election Campaign Financing Address To OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       Z.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       Z.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       Iffer Address office or state in the state of Florida.       Addet or Florida.         11.       OFFICERS AND DIRECTORS       Iffer Address office or state in the state of Florida.       Change I Addition         11.       OFFICERS AND DIRECTORS       Iffer Address office or state in the state of Florida.       Change I Addition         11.       OFFICERS AND DIRECTORS       Iffer Address office or state in the state off			reAlsteren Ageur		A manie and Address of New Registered Agent
MIAMI FLORIDA 33179  City FL Zip Code City FL Cit				Street Addre	Pro Rox Number is Not Acceptable)
City         FL         Zip Code           2. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         SIGNATURE         DATE           3. The above named entry submits this statement for the purpose of changing its registered agent ag					
A The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE SIGNAT	FTT.	VII LIOUINA 22112			
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ITLE       PRESIDENT       Delete       TTLE       Change       Addition         NAME       DAVE WILLIAMS       MAME       MAME       ITTLE       MAME       Change       Addition         SIGET ADDRESS       B03 N. E. 199th STREET.SUITE 102       STREET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CAME       Addition         MAME       SECRETARY       Delete       TTLE       NAME       Change       Addition         STRET ADDRESS       GOTY-ST-ZP       MIAMI FLORIDA 33179       ITLE       NAME       STRET ADDRESS       CITY-ST-ZP       Change       Addition         MAME       SIGET ADDRESS       GOTY-ST-ZP       ITLE       Change       Addition         MAME       Delete       TTLE       NAME       Change       Addition         STRET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       Change       Addition         NAME       STRET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       Change       Addition         NAME       STRET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP	Tax filing r (See criter	equirement and elects to do so.	Make Check Payat	ble to Department of	Trust Fund Contribution. Added to Fees
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indicated on this report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
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SIGNATURE: Mane (), liam) APRIL 10,20001 (305) 6526228	STREET ADDRESS CITY-ST-ZIP I3. I hereby cl indicated of the corp	on this report or supplemental report is tr poration or the receiver or trustee empow	ue and accurate and that me ered to execute this report a	the exemption stated in v signature shall have t	he same legal effect as if made under gath, that I am an officer or director