SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	COR ANNU	PROFIT RPORATION JAL REPORT		Sandra B Secretar	RTMENT OF STATE Mortham y of State CORPORATIONS		
Maning Address to Current Registered Agent 20	DOCU 1. Corporatio	MENT #	S72013	3 (3)			£(; £(1)); £()2); £(2); £(1); £(1); £(1);
2. Mailing Address 2. Mailing Address 3	200 S. BIBCAYI S.E. FINONAIL	NE OLVO. CENTER. CUITE CO	5 0 -•	200 S. BISCAYNE BLVD: S.E. FINCHAIL CENTER: SU	12-33301-29€	DO NOT WRITE IN 1	
27 27 27 27 27 28 27 28 28	1 75.	SS Wes	t znd ct		st 2"dc1	4. FEI Number	Applied For Not Applicable
3 1 1 Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes. The advance of the purpose of changing his entire transplant of the provisions of sections 607.0502 and 607.1508. Florida Statutes. 10 Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes. 11 Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes. 12 Stroot Address (P.O. Box plumber is Not Acceptable) about the provisions of sections 607.0502 and 607.1508. Florida Statutes. 13 Stroot Address (P.O. Box plumber is Not Acceptable) at 1.0 S.D. Stroot Address of Not Registered Agent. 14 Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes. 15 Norm 16 Stroot Address (P.O. Box plumber is Not Acceptable) at 1.0 S.D. Stroot Address of Not Registered Agent. 16 Stroot Address (P.O. Box plumber is Not Acceptable) at 1.0 S.D. Stroot Address of Not Registered Agent. 17 Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes. 18 Stroot Address (P.O. Box plumber is Not Acceptable of Not Registered Agent algorithm for the purpose of Changing is negligible agent. or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent. or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent. or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent. or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent. or both, in pin State of Florida Statutes. 15 Stroot Address of Pos purposed agent or both, in pin State of Florida. Such change was authorized by the corporation's board distinguished agent. or both, in pin State of Florida Statutes. 16 Stroot Agent agent agent or both, in pin State of Florida Statutes. 17 Stroot Agent agent agent agent agen	2	·		27	HACO		Fee Required
9. Steme and Address of Current Registered Agent 10. Name and Address of Steme Agent 10. Name and Address of Stew Registered Agent 10. Name and Address of Stew Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address (P.O. pon New Period Agent	3 Hia	leah.		28 Hialeah		Trust Fund Contribution	Added to Fees
Solid Name Survivaria Solid Name Survivaria Solid Survivaria		014 25	Dude	29 33014	- IX /-	Personal Property Tax due June 30.	Yes No
Addition	office of i agent. I s SIGNATURE ,	registrand agent, o am familiar with, ar	or both, in the State nd accept the othin	of Florida, Such change was au ations of Abetion 607,0505, Flor	, the above-named corporated by the corporated Statutes.	coration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	L 33/3/~2394 of changing its registered opointment as registered
MARE BENNETT, MARTIN SOU HIALEAN DR TREET ADDRESS TREST ADDRESS TREST ADDRESS TREET ADDRESS TREST AD	12.	Signature, typed or printe					
DELETE DELETE 2.1 TITLE Change Addition	AME TREET ADDRESS	990 HIALEAH (☐ DELETE	1.2 NAME	7555 West 2nd	ct
TY-ST-ZIP	ITLE AME	HARLAITTE		DELETE	2.1 TITLE 2.2 NAME	Minlert, 84 33014	Change Addition
AME AME IREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TILE AME AME AME AME AME AME AME A	ITY-ST-ZIP			Douete	2.4 CITY-ST-ZIP		Comment of Addition
DELETE	TREET ADDRESS				3.3 STREET ADDRESS		Caringe Madeleon
DELETE	TLE VME			DELETE	4.1 TITLE 4.2 NAME		Change Addition
	TLE IME			DELETE	5.1 TITLE 5.2 NAME		Change Addition
REET ADDRESS 6.3 STREET ADDRESS	TY-ST-ZIP TLE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information	TREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		