UN DOCU 1. Entity Nan	MENT # V1139	ESS REPOR		FILEI Apr 18, 2003 Secretary 0 04-18-2003 90163 020	8:00 am f State	0324575 AV
Principal Place of Business 9500 S DADELAND BLVD SUITE 603 MIAMI FL 33156 US		Mailing Address P.O. BOX 561009 MIAMI FL 33256				
	Place of Business	3. Mailing Address			III QIQII QIQIF QIGIF QIQII 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-03 18889	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	gent	
LEWIS, JOHN M. 9500 S DADELAND BLVD			Street Address (P.O. Box Number is Not Acceptable)			
SUITE 603 MIAMI FL-\$3156		City		FL	Zip Code	
		r the purpose of changing its	s registered office or register	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
	tions of registered agent.	and trile if applicable, (NOT	E: Registered Agent signature require	ad when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. TITLE	OFFICERS AND		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND		(N)
NAME Street address City - St - Zip	LEWIS, JOHN M 9500 S DADELAND BLVD #603 MIAMI FL 33156		NAME STREET ADDRESS CITY-ST-ZIP			E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·,,,,,,,,_	Change Addition	CR2E034
TITLE NAME STREET ADDRESS CITY - ST - ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
12. I hereby of indicated of the correction of the correction of the correction of the correction of the changed,	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	this filing does not qualify fo true and accurate and that wered to execute this report with all other like empowered	my signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certi same legal effect as if made under oath; that I ar 7, Florida Statutes; and that my name appears in	ly that the information n an officer or director Block 10 or Block 11 if	
SIGNAT	URE:	RINTED NAME OF SIGNING OFFICER			15-670-7812 ytime Phone #	