FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ŀ	JAL REP 1998	ORT	Secretary of State DIVISION OF CORPORATION			ONS		Secretary of State		
DOCU 1. Corporatio	MENT on Namo		/1988 ring & tax		(9) CES, INC.					
Dringing Place	a of Dunion			B day the	o Addropp					
Principal Place of Business					Mailing Address					
1688 MERIDIAN AVE SUITE 423				1688 MERIDIAN AVE SUITE 423						
MIAMI BEACH FL 33139			MIAMI BEACH FL 33139					[DO NOT WRITE IN THIS SPACE	
US				US	US					3. Date Incorporated or Qualified
2. Principal Place of Business				2a. M	2a. Mailing Address					03/06/1992 4. FEI Number Applied For
21				26						65-0318593 Not Applicable
Suite, Apt. #, etc.				Si	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22			27	· • · · · · · · · · · · · · · · · · · ·					Fee Required	
City & Stat	·			28	ty & State	-T		·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp		25 Cou	ary	71	Р	├ ~~¬┐	intry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24}	9, Name		iress of Currer	29] nt Register	ed Agent	30	I -		1	10. Name and Address of New Registered Agent
PΔ	STERNAK,	7FV		·			61	Name		
	1 EUCLID A						82	Street	Addres	ss (P.O. Box Number is Not Acceptable)
STE 3								65		F 47 5T
MIA	AMI BCH FI	. 33139					83			
							84	City	4	FL 85 Zip Code 33137
11. Pursuant	to the provis	ions of S	ections 607 050	2 and 607	1508 Florida Statu	ites the at	DOVe		COLOGI	ration submits this statement for the purpose of changing its registered
office or r	egistered ag	ent, or bi	oth, in the State	of Florida.	Such change was action 607.0505, F	authorize	d by	the corp	poration	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	011 1211111120 177	iri, and a	cocqu the ornig	(III) (II) (II) (II)	3011011001.0303, 1	ionoa ota	utos			
	Signature typical	or brinded ti	aum of trigestered age	_			d Agn	nt signature	tequired i	d when reinstaturg) DATE.
12. TITLE	<u> </u>		OFFICERS AN	D DIRECTO	ORS DELETE	13. i.1 II				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	P Paster	NAK 70	:v		order	1.1 U				E Change L Addition
STREET ADDRESS	751 EU0							ADDRESS	65	NE. 47 T. 57.
City-St-ZiP	MIAMI B		- 01- 0			1.4 CI			_	1AMI, FL. 33137
TITLE		-			DELETE	2.1 11	TLŧ			☐ Change ☐ Addition
NAME						2 2 N	AME	1		
STREET ADDRESS						2351	REET	address		
CITY-ST-ZIP					DEVEN	2. 4 C		3 - ZIP		
TITLE					LI DEVETE	31 Ti				L] Change L] Addition
NAME STREET ADDRESS						32 N/		ADDRESS		
CITY-ST-ZIP						3 4. C				
TITLE					☐ DELETE	4 1 T)				Change Addition
NAME						4 2 N	AME			
STREET ADDRESS						4.3 ST	REF1	ADDRESS		
CITY-ST-ZIP						4.4 CI		- ZIP		
TITLE					☐ DELETE	5.1 11		1	l	Change [_] Addition
NAME expect applieses						5.2 NA		*DUBECC		
STREET ADDRESS CITY-S1-ZIP						5.3 ST		ADORESS		
TITLE		<u></u> -		- ~	DELETE	6 1 TI		- 511.		Change Addition
NAME						6.2 NA				
STREET ADDRESS						6.3 \$1	REE1 A	ADORESS		
CITY-ST-ZIP		 _				6 4 CI			L	
14. I hereby c	certify that the	e informa	tion supplied w	an this fainc	a does not qualify.	for the exc	tam:	ion state	ed in Se	ection 119.07(3)(i). Florida Statutes. I further certify that the information

Indicated on this annual report or supplied with this thing doos not quality for the exclinition stated in section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on a statistical might with an address.

SIGNATURE:

FILED

Jan 20 1998 8:00am