,		ATTE IS			-	•• • •		
	PROFIT PORATION		FLORIDA DEPA Sandra	RTMENT OF <b>B. Mort</b> h 14		Apr 17 1	998 8	8:00ar
	JAL REPORT		Secret	ary of Stai		Secreta		
	1998	A COLUMN A	DIVISION OF	CORPORAT	ION:		uy or	State
OCUP Corporation	MENT # V	41275	(1)					
•	B. HIPSMAN, C.P	A., P.A.	~ /					
incipal Place	e of Business	Maili	ing Address					KUM BIUN DIUN NUN
915 ALAVA AVE. 915 ALAVA AVE. CORAL GABLES FL 33146 CORAL GABLES FL 33146								
WHAT GADE	E3 FL 33140		NAL OADLES FL 33	40			E IN THIS SPACE	<u> </u>
						<ol> <li>Date Incorporated or Qualified 06/04/1992</li> </ol>	/	
Principal Pl	ace of Business		Aailing Address			4. FEI Number 65-0336505	-	Applied For
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.			5. Certificate of Status Desired		Not Applicat
City & State	<u> </u>	27	City & State			6. Election Campaign Financing	F	ee Required
		28				Trust Fund Contribution		dded to Fees
Ζφ	Country 25	y 29	πp .	Countr 30	гу	<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>	<u> </u>	×
	9. Name and Addre SMAN, DAVID B.	ess of Current Registe	red Agent		1 Name	10, Name and Address of New R	egistered Agent	
	5 ALAVA AVENUE RAL GABLES FL 331	146		8:		dress (P.O. Box Number is Not Accepta	able)	
•					• 1			
-				8				
				84	4 City		FL 85	Zip Code
Pursuant f office or ri agent. La	to the provisions of Sec egistered agont, or both m familiar with, and acc	tions 607.0502 and 607 , in the State of Florida ept the obligations of \$	1508, Florida Stati Such change was Section 607,0505, F	84	4 City	rporation submits this statement for the ation's board of directors. I hereby accu	FL	,
I. Pursuant f office or ri agent. I ar GNATURE	Signature Typed or printed name	e of registered agent and title if a	applicable (NC	Jies, the abo authorized t forida Statute	4 City ve-named cor by the corpora es.	ulred when reinstating)	PL purpose of chan opt the appointme DATE	ging its registere ent as registered
Pursuant 1 office or n agent. La GNATURE	Signature Typed of primited name O	e of registored agent and tele if a IFFICERS AND DIRECT	applicable (NC	Ites, the about authorized block blo	4 City ve-named cor by the corpore es. gent signature requ		Purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ent as registered
Pursuant f office or n agent. I ar GNATURE	Signature tyred or printed name O DP HIPSMAN, DAVID	e of registored agent and tele if a IFFICERS AND DIRECT	applicable (NC ORS	84 Jtes, the abor authorized t lorida Statute 113. 1.1 TITLE 1.2 NAME	City ve-named cor by the corpore as.	ulred when reinstating)	Purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registered ent as registered CTORS IN 12
Pursuant f office or r agent. I a GNATURE	Signature Typed of primited name O	e of mystored agent and the d a IF FICERS AND DIRECT B.	applicable (NC ORS	84 Jtes, the abor authorized t lorida Statute 113. 1.1 TITLE 1.2 NAME	City Ve-named cor por es. gent signature requ ET ADDRESS	ulred when reinstating)	Purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registered ent as registered CTORS IN 12
Pursuant office or m agent. I a GNATURE LE VE REET ADDRESS Y-ST-ZIP LE	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	applicable (NC ORS	84 Ites, the abor authorized b forida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CTY- 2.1 TITLE	4 City We-named cor by the corpore as. gent signature requ ET ADDRESS ST-ZIP	ulred when reinstating)	Purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ent as registered CTORS IN 12 hange
Pursuant office or ri agent. I a GNATURE 	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	applicable (NC ORS DELETE	84 Ites, the abor authorized b forida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CTY- 2.1 TITLE 2.2 NAME	4 City We-named cor by the corpore as. gent signature requ ET ADDRESS -ST-ZIP	ulred when reinstating)	DATE	ging its registere ent as registered CTORS IN 12 hange
Pursuant office or n agent. 1 a GNATURE 	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	applicable (NC ORS DELETE	84 Ites, the abor authorized b forida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CTY- 2.1 TITLE 2.2 NAME	City     Ve-named cor     pore     set     err algneture requ     er     the corpore     set     corpore     set     corpore     er     corpore     er     corpore     er     corpore     er     corpore     corpore	ulred when reinstating)	DATE	ging its registere ent as registered CTORS IN 12 hange
Pursuant 1     office or ri     agent. 1 ai     GNATURE      E	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	applicable (NC ORS DELETE	84 Ites, the abor authorized b forida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.3 STREE 2.4 CITY 3.1 TITLE	4 City ve-named cor part signature requires ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP	ulred when reinstating)	DATE	ging its registere ont as registered CTORS IN 12 hange Additi
Pursuant i office or m agent. I ai GNATURE LE KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE ME KEFT ADDRESS Y-ST-ZIP LE ME	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		Ites, the aborauthorized biorida Statute       1000000000000000000000000000000000000	4 City ve-named cor post agent signatura requ ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP	ulred when reinstating)	PL purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ont as registered CTORS IN 12 hange Additi
Pursuant i office or ri agent. I al SINATURE 	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		Ites, the aborauthorized biorida Statute       1000000000000000000000000000000000000	4 City ve-named cor by the corpore as. apent signeture req. ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ulred when reinstating)	PL purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ont as registered CTORS IN 12 hange Additi
Pursuant i office or ri agent. I al SINATURE 	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		Between the second southonized biorized biorized biorized biorized biorized bioride Statute       117E       13.       1.1       1.2       1.3       1.4       2.1       2.2       2.3       2.4       2.4       2.1       3.1       3.1	4 City ve-named cor by the corpore as. apent signeture req. ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ulred when reinstating)	PL purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. La SNATURE	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		A state of the second sec	City     Ve-named cor     yy the corpore     as.     aent signature req.     E     E     T ADDRESS     ST-ZIP     E     E     CADDRESS     -ST-ZIP     E     E     CADDRESS     -ST-ZIP     E	ulred when reinstating)	PL purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. I a SNATURE 	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		A street	4 City ve-named cor by the corpore as. gent signeture req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	ulred when reinstating)	PL purpose of chan apt the appointm DATE ICERS AND DIRE	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or ri agent. Lai SNATURE .E .E .E .E .E .E .E	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		A state of the second sec	4 City ve-named cor by the corpore as. apent signeture req. E ET ADDRESS ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)	PL   purpose of chan apt the appointm DATE ICERS AND DIRE C C C C C C C C C	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. La SNATURE E E E E E E E E E E E E E E E E E E	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		Autorized to authorized to authorized to authorized to authorized to authorized to authorized to a statute the authorized to a statute to a strenge to a str	4 City ve-named cor by the corpore as. apent signature req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)	PL   purpose of chan apt the appointm DATE ICERS AND DIRE C C C C C C C C C	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. La SNATURE E E E E E E E E E E E E E E E E E E	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		B4           Ites, the aborauthorized b           torida Statute           112: NAME           1.1 TITLE           1.2 NAME           1.3 STREE           2.3 STREE           2.4 CITY           3.1 TITLE           3.2 NAME           3.3 STREE           3.4 CITY           4.1 TITLE           4.2 NAME           3.3 STREE           4.4 CITY           5.1 TITLE           5.2 NAME           5.3 STREE	4 City ve-named cor py the corpore as. apent signature req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)	PL   purpose of chan apt the appointm DATE ICERS AND DIRE C C C C C C C C C	ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. I a GNATURE	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.		B4           Ites, the aborauthorized b           torida Statute           112.           113.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY           3.1 TITLE           3.2 NAME           3.3 STREE           3.4 CITY           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY           5.1 TITLE           5.2 NAME	4 City ve-named cor by the corpore as. apent signature req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)		ging its registere ent as registered CTORS IN 12 hange Additi hange Additi
Pursuant i office or r agent. I a GNATURE	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	APPLICADIO (NC ORS DELETE DELETE DELETE DELETE	B4           Ites, the aborauthorized b           torida Statute           13.           1.1 TITLE           1.2 NAME           1.3 STREI           1.4 CITY-           2.1 TITLE           2.2 NAME           2.3 STREI           2.4 CITY           3.1 TITLE           3.2 NAME           3.3 STREI           3.4 CITY           4.1 TITLE           4.2 NAME           4.3 STREI           4.4 CITY-           5.1 TITLE           5.2 NAME           5.3 STREI           5.4 CITY-	4 City ve-named cor by the corpore as. apent signature req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)		ging its registere ent as registered CTORS IN 12 hange Additi hange Additi hange Additi
Pursuant     office or n     agent. I a     GNATURE     L     L     KE     KEI ADDRESS	Signature tyred or primited name O DP HIPSMAN, DAVID 915 ALAVA AVE.	e of mystored agent and the d a IF FICERS AND DIRECT B.	APPLICADIO (NC ORS DELETE DELETE DELETE DELETE	B4           Ites, the aborauthorized b           torida Statute           112.           113.           1.1 TITLE           1.2 NAME           1.3 STREE           2.3 STREE           2.4 CITY           3.1 TITLE           3.2 NAME           3.3 STREE           3.4 CITY           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY           5.1 TITLE           5.2 NAME           5.3 STREE           5.4 CITY           6.1 TITLE           6.2 NAME	4 City ve-named cor by the corpore as. apent signature req. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ulred when reinstating)		ging its registere ent as registered CTORS IN 12 hange Additi hange Additi hange Additi