FILED Apr 21, 2003 8:00 am Secretary of State

DOCU 1. Entity Nar JULIL, IN Principal Place	IC.	Mailing Address		R)				382 038 ***:		
1680 NW 96 AVE MIAMI, FL 33172			1680 NW 96 AVE Miami, FL 33172							
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2. Principal Place of Business		3. Mailing Addres	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, e	tc.			☐ CHECK	HERE IF MAK	ING CHANGES		
City & State		City & State	City & State		4. F	El Number			pplied For ot Applicable	•
Zip	Country	Zip	Coun	try	5. 0	Certificate of Status De	sired 🔲	\$8.75 Add	ditional	
-	6. Name and Address of Curre				7. N	lame and Address of			M-1- 1 6	7
ACOSTA, N	VILDA L			Name					<u> </u>	7
1680 NW 9	6 AVE				reet Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33172									-
; ਚ				City				⊒∎ Zip Cod	le	┪
	named entity submits this statemen			,		A sale she in the Chair	_	▔┗▖▎▕		4
the obligat	tions of registered agent.	il for the purpose of chal	nging its registere	ео описе ок ге	egistered æge	ent, or both, in the Stat	e of Fiorica. I	am ramiliar with,	ano accept	
SIGNATURE		·							<u></u>	
	Signature, typed or printed name of registered ag	A								
is the minimum College (College)		yent and time it applicable.	(NOTE: Registere	I Agentaignatum	sequired when rei	intracting)	CIA	TE		1
Afte	FILE NOW! I. FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	60	(NOTE: Registered	J Agent÷ignatue	sequired when re	9. Election Campa Trust Fund Con	ign Financing	\$5.0	0 May Be	_
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2003 FOR PROFIT CORPORATION

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caytime Phone 4