	PLEASE	READ .	 ΔΙΙ ΙΝΙ ς ΄	TRUCT	IONS BEFORE	COMPLE	TING THIS EC	DPM	
	PPLICATION FOR NSTATEMENT) ORIC	A DEPA Sandra Secreta	RTMENT OF STAT B. Mortham ary of State				
		/ 7181		IVISION OF	CORPORATIONS		FILED		
	CUMENT # V	2			98	MAY-I AM 9	: 51		
1601	SERVICE, INC.						CRETARY OF S LAHASSEE. FL		
1801 STATE RD 7 16 SUITE 208 SI LAUDERHILL FL 33313-5813 LA			1601 S STAT SUITE 200	LAUDERHILL FL 33313-5813 US			TATEME	NT 97-98	
2				na Office Ac	nd enter correction below. Idrass If Anplica: le Boad Blvd.	4. Date Incom	porated or Qualified iness in Florida	10/16/1992	
	Suite, Apt. #, etc. City & State			atc.		5. FEI Numbe	^{er} 65-0366512	Applied For Not Applicable	
Zip	Country		Zip 33020	od , Fic	Country U.S.A	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fcc required	
7. Names	and Street Addresses of Each		r Director (Fio	rida nonprof					
Title(s)	Name of t and/or Di 2	irectors			Street Address of Eac Officer and/or Directo NOT Use Post Office Box	on or Numbers)	4	ity / State / Zlp	
DP	LOW, EVA	OW, EVA		1011 IVEO DAIRY RD.,#208		N. MAMI BEACH FL		Ξ	
D	KUPER, SIMA			1351 MIA	<u>łoilgwesa Biwa.</u> MI GARDENS DR. #625	SE .	Hoilywood , N MIAMI BEACH FI		
Ŷ.	SAS, MOSHE			290-179 ST #1805			N. MIAMI BEACH FL 33160		
4							2000025 -05/087 ******	798 01014006	
							ادر دادادادادا	38-01014-005	
						****750.00 ****750.00			
8. Name and Address of Current Registered Agent LOW: YORAM C/O GOLDWYN, WEINBERG & CO., P.A. 1011 IVES DAIRY RD., #208					Street Address (I	Street Address (P.O. Box Number is Not Acceptable) 2310 Hollywood Bivd.			
	MI BEACH FL 33179				Suite, Apt. #, Etc	^		State Zip Code FL 33020	
10. I, being Signature o Registered		-12	named corpor		miliar with and accept the o			98	
	is corporation owe: angible Personal P	s or has	paid the	currer	it year	No 🔲		er side for information intangible tax.)	
2. I certify this reins owed by	that I am an officer or director of statement application, the reaso the corporation have been paid application is true and accurate, i	r the receiver n for dissolute I and the nan	or trustee emp ion has been e nes of individua	oowered to e liminated, th	xecute this application as p e corporate name satisfies this form do not qualify for	the requirements of an exemption unde	of section 607.0401 or 6	17.0401, F.S., that all fees	
SIGNAT	URE: SIGNATURE AND TYP	ED OR PRINTE	EJA ED NAME OF SIG	Low INING OFFIC	President EN OR DIRECTOR		4 23 98 V	954 921-4600 Daylime Phone #	