-	ORIGINAL	- C15,
Name of company or name of individual (I	not fictitious name or d/b/a):	#/0
Name under which applicant will do busing fublic Telephone	ess (fictitious name, etc.):	
Official mailing address:	•	
Street: 13899 BISCAYNE	BLVD SUITE 400	<u>o</u>
P.O. Box:		
City: N. MIAMI BEACH		<u></u>
State: FL	Zip: 33181	
Florida address:	CL	27
Street: 13899 BISCAYNE	BLY) Swite 408	27 PM U: 15
P.O. Box:		7
CITY: NERTH MIANI BEACH		
State: FL	Zip: 33181	
Structure of organization:		
( ) Individual	DEPOSIT	DAT
(1) Corporation	D2 94 🐲	JAN 28 2
( ) General Partnership		
( ) Limited Partnership		
( ) Other:		
If incorporated in Florida, provide proof of	of authority to operate in Florida:	
Florida Secretary of State Corporate Registration Number:	· ·	
/	PO 2000 129 452	

Form PEC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name. cmu-32.doc

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