

553905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

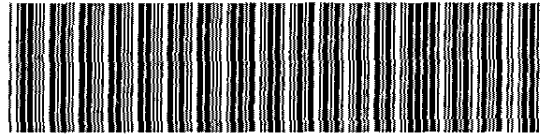
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040721914

*RA
change*

09/10/04 -01006-029 *\$35.00

RECEIVED

04 SEP 10 AM 11:09

STATE
REGISTRARS
TALLAHASSEE, FLORIDA

*APR
9/10/04*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:45
FILED

STEEL HECTOR & DAVIS LLP
 Requestor's Name

215 S. MONROE ST. SUITE 601
 Address

WALLAHASSEE 32301 222.2300
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MONTE NUEVO, INC. 553905
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

Walk in Pick up time WHEN READY Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION / QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ELIZABETH GLEATON AT 222.2300.

THANK YOU.

Examiner's Initials	
---------------------	--

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MONTE NUEVO, INC.
2. The principal office address: 200 South Biscayne Boulevard, Suite 4100, Miami, FL 33131
3. The mailing address (if different): 200 South Biscayne Boulevard, Suite 4100, Miami, FL 33131
4. Date of incorporation/qualification: 10/03/77 Document number: 553905
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Valdes-Fauli Corporate Services Inc.
3400 One Biscayne Tower, Two South Biscayne Blvd.
Miami, FL 33131


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate International Registered Agents, Inc.
200 South Biscayne Boulevard, Suite 4100
(P.O. Box NOT acceptable)
Miami, FL 33131


FILED
04 SEP 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Eva Cardoze
(Signature of an officer or director)



Evangelina de Quinonez
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

31 Sept. 2004

(Date)

If signing on behalf of an entity:

Betsy Parenti

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314