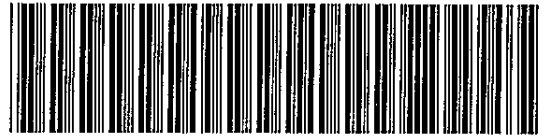


F69302

(Requestor's Name)

(Address)



000009004640

1 From _____
Date 11/18/02 _____
Sender's Name CYNTHIA SUTHCLIFF Phone 561 837-3300
Company BROAD + CASSEL
Address ONE NORTH CLEMENS ST. # 500
City WEST PALM BEACH State FL ZIP 33401

(Document Number)

Certified Copies _____ Certificates of Status _____

11/19/02--01057--012 **35.00

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CA 11/20/02

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02 NOV 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Tina Fanjul Associates, Inc.

2. The principal office address: 220 Sunrise Avenue, Suite 214
Palm Beach, FL 33480

3. The mailing address (if different): One North Clematis Street, Suite 200
West Palm Beach, FL 33401

4. Date of incorporation/qualification: 02/26/82 Document number: F69302

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Donald W. Carson
One North Clematis St. #200
West Palm Beach, FL 33401

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

Patricia Lebow, P.A.
One North Clematis St. #500
(P.O. Box or personal mailbox NOT acceptable)
West Palm Beach, FL 33401

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.


(Signature of an officer, chairman or vice chairman of the board)

Tina Fanjul, President
(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)
Patricia Lebow, P.A.

11/11/02
(Date)

If signing on behalf of an entity:
Patricia Lebow
(Typed or Printed Name)

President
(Capacity)

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

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

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TALLAHASSEE, FLORIDA