

# J21110

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

800002908218--9  
 -06/17/99--01099--006  
 \*\*\*\*\*157.50 \*\*\*\*\*35.00

Office Use Only

*LATIC INC DBA BONNIE AUTO BODY & SUPPLY*  
 20675 SW 186 ST  
 2290 NW 36th St.  
 Miami FL 33142

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in       Pick up time \_\_\_\_\_       Certified Copy

Mail out       Will wait       Photocopy       Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -8 AM 10:37

## FILED

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 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

*RPA Change  
7-9-99  
MS*

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 25, 1999

LARIC, INC.  
10676 SW 186TH STREET  
MIAMI, FL 33157

SUBJECT: LARIC, INC.  
Ref. Number: J21110

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for LARIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spittler  
Document Specialist

Letter Number: 899A00033975

RECEIVED  
99 JUL -8 AM 8: 17  
DIVISION OF CORPORATIONS

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: LARIC, INC

2. The mailing address of the corporation is: 10676 SW 186 ST  
MIAMI, FLORIDA 33157

3. Date of incorporation/qualification: 6/25/1986 Document number: 52110

4. The name and address of the current registered agent and office:

CARLOS E. MARIN  
18321 SW 135 AVE  
MIAMI, FL 33177

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

ISABEL CALERO MARIN c/o  
Raymond PASTIND  
4600 NW 28th ST, SUITE 6-A  
MIAMI, FL 33172

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STATE OF FLORIDA  
TALLAHASSEE

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.

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

05-28-99  
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Isabel Calero de Marin 5-28-99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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