


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN 24 PM 5: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078111 1. Entity Name PREVISION FAMILIAR USA, CORP.	
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Principal Place of Business 3105 WEST VINE STREET SUITE 287 KISSIMMEE, FL 34741 FL	Mailing Address 3105 WEST VINE STREET SUITE 287 KISSIMMEE, FL 34741 FL
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2. Principal Place of Business 4508 Shanewood Ct Suite, Apt. #, etc. ORLANDO, FL City & State 32837	3. Mailing Address 4508 Shanewood, ct Suite, Apt. #, etc. ORLANDO, FL City & State 32837
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4. FEI Number 200180434	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A MR.
780 NW 42 AV.
420
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: **Marco Becerra**
 Street Address (P.O. Box Number is Not Acceptable): **4508 Shanewood, ct**
 City: **Orlando** FL Zip Code: **32837**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **12/30/2004**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

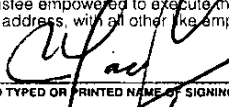
10. OFFICERS AND DIRECTORS

TITLE	P, S GONZALEZ, FRANCIS MR.	<input type="checkbox"/> Delete
STREET ADDRESS	422 W. 69 PL.	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	GM	<input type="checkbox"/> Delete
NAME	BECERRA, MARCO A MR.	
STREET ADDRESS	422 W. 69 PL.	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S GONZALEZ, FRANCIS, MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, FRANCIS, MR	
STREET ADDRESS	4508 Shanewood, ct	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	GM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECERRA, MARCO A MR	
STREET ADDRESS	4508 Shanewood, ct	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **12/30/04** DAYTIME PHONE: **321-2764492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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