

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
 STATE OF FLORIDA
 1995



DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

55 APR 28 AM 10:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036869 (3)**

THE COUPON MINT INC.

10238 CROSSWIND RD
 BOCA RATON FL 33498

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 BOCA RATON FL 33498

3. Approximate Date of Incorporation 05/12/1994	3a. Date of Last Report
4. FEI Number 65-0491114	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Approximate Date of Incorporation	2a. Mailed Address
21. State App #	26. State App #
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. City, State	30. City, State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEHLER, DOROTHY 10238 CROSSWIND RD BOCA RATON FL 33498		81. Name	
		82. Street Address (P.O. Box Number is Not Accepted)	
		83. City, State	
		84. ZIP	FL 85 Zip Code

11. I declare that the person(s) named herein as registered agent(s) under Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the person(s) named herein as the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent(s) for the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P MEHLER, LANCE 10238 CROSSWIND RD BOCA RATON FL 33498	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MEHLER, SOL 303 SW 85 WAY APT 204 PEMBROKE PINES FL 33025	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct, and I accept liability for this certification stated in Section 199.02, Florida Statutes. I declare that this information is true and correct to the best of my knowledge and belief, and I understand that my signature shall have the same legal effect as if I had personally signed the information. I understand that the filing of this information is subject to the payment of the fee on or before the date of the filing of this information. I understand that the filing of this information is subject to the payment of the fee on or before the date of the filing of this information. I understand that the filing of this information is subject to the payment of the fee on or before the date of the filing of this information.

SIGNATURE: *Sol Mehlert as Secy*
 SOL MEHLER
 4/23/95 305-435-0608