LOUIS STINSON, JR., P.A.

ATTORNEY AT LAW

SUITE 305 * RIVIERA PROFESSIONAL BUILDING 4675 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33146

P95000070108

TELEPHONE (305) 667-7571 FACSIMILE (305) 667-0206

October 21, 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

000902671660-00**)** ******35.00 ******35.00

Re: 2-14 Corp.

Gentlemen:

I am enclosing herewith a Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly executed. In addition, a check in the sum of \$35.00 is enclosed which represents the filing fees.

Your prompt attention to this matter would be appreciated.

Very truly yours,

Louis Stinson, Jr.

LSJr./kdj Enclosures \2-14\shiner\secstate.ltr

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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: 2-14 Corp.

1 a. Date of incorporation: 9/12/95

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

Lawrence J. Spiegel, Chartered

343 Almeria Avenue

Coral Gables, FL 33134

3. The name and address of the new registered agent and office:

Louis Stinson, Jr., Esq.

4675 Ponce de Leon Boulevard, Suite 305

Coral Gables, FL 33145

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

Such change was authorized by resolution duly adopted by its board of directors of by an officer so authorized by the board.

Signature /

MARC SHINER, PRESIDENT

Date _____ April **30** , 1998

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Signature _

(Registered Agent)

Date <u>April **30**, 199</u>

Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00