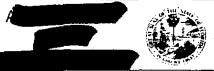
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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P96000004042

Corporation Name

AMERICAN TROOPS, INC

acove addresses are incorrect in any way, line through incorrect information.  New Principal Office Address, If Applicable  3. New Mailing			ng Office Address, if Applicable		Date Incorporated or Qualified     To Do Business in Florida 01/11/96		
te, Apt. #, etc. Suite, Apt. #,		etc.				Applied For	
& State City & State						Not Applicable	
	Country 1	Zip	Country		6. CERTIFICATE OF STATUS DESIRED Control for a Certificate of Status		
áffies á	and Street Addresses of Each Officer and	or Director (Flo		ions must list at lea		T	-
<del>6</del> (S)	Name of Officers and/or Directors		Officer and/or Directo 3 (Do NOT Use Post Office Box		•	City / State / Zip	
ANDRIAN J LAFONT			3625 S. STE RD BAY E		D 7	HOLLYWOOD F	rL 33023
						9000031	19700
						9000031 -02/01/4 ****450	9 <del>0-01140 00</del> 9.00 ****450
				T	Q Nome and	Address of New Constraint A	
Name and Address of Current Registered Agent     Name					9. Name and Address of New Registered Agent		
3625 S STE RD 7 BAY E				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
			City	FL			
I, bein	g appointed the registered agent of the ab	ove named com	poration, am familiar w	ith and accept the	obligations of Sec	tion 607.0505, F.S.	
nature ( pisterec	Agent	REGISTERED A	GENT MUST SIGN			Date	
. Tr	nis corporation owes the tangible Personal Prope	current	year ue June 30	Yes	.□ No [	(See other side on intan	e for information gible tax.)