BEDZUW, KORN, BROWN, WOLFE & LIPTON, P. A.

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572433

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(OUTSIDE DADE) (800) 935-6889

TELECOPIERS:

MAIN (305) 936-9502 REAL ESTATE (305) 932-6043 LITIGATION (305) 936-2795

August 6, 1997

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Shamira Holding Corp., Inc.

Our File No: 5076.2

FILED 97 AUG-8 PHIZ: 11 SECRETARSEE, FLORIBA

400002262124--3 -08/08/97--01118--005 *****35.00 *****35.00

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office and Registered Agent form executed by the President of the corporation, Viktor Klein, and the new registered agent, Shamira Klein, along with our firm's trust account check in the amount of \$35.00, representing the filing fee for a change of registered office and registered agent for the above-referenced corporation.

Should you have any questions or require anything additional, please contact the undersigned at 800-935-6889 ext 303.

Very truly yours,

Urune Rubanchik

Legal Assistant

Enclosures

SXK\5076 0002\93283\080697

R. A. Change NFT 8-18-97

• • • • • • • • • • • • • • • • • • • •		Ch	Charter No.	
	Date Filed		te Filed	
	STATEMENT	OF CHANGE OF REGISTER	ED OFFICE	
		AND REGISTERED AGENT	·	
signed corp	oration, organized und	ions 607.0501 and 607.0502, or 607.15 er the laws of the State of Florida, subtreed office and registered agent in the St	nits the following statement for	
1. The nam	ne of the corporation is	Shamira Holding Corp., Inc.		
2. The nam	ne and address of its pr	esent registered agent is:	*	
	·	Marc I. Feig - 8000 Peters Road Plantation, Florida 33324	FILE 97 AUG-8 SECRETARS	
		which its registered agent is to be chan (P.O. BOX NOT ACCEPTABLE)	ged is: PHIN.	
	Klein, Esq.	1. 200		
	iscayne Boulevard, S a, Florida 33180	uite 200	ੱ ਸ	
5. Such chathe corpo	s changed, are identical ange was authorized by	resolution duly adopted by its board of y the board of directors.	-	
(Type	d or printed name and fide)	•	sident or Vice President)	
		Date	29 97	
ABOVE STA ACCEPT TH THER AGRI AND COMP	ATED CORPORATION E APPOINTMENT AS I EE TO COMPLY WITH PLETE PERFORMANC	STERED AGENT AND TO ACCEPT SE AT THE PLACE DESIGNATED IN THE REGISTERED AGENT AND AGREE TO A THE PROVISIONS OF ALL STATUTE E OF MY DUTIES, AND I AM FAMIL AS REGISTERED AGENT UNDER S	HIS CERTIFICATE, I HEREBY ACT IN THIS CAPACITY. I FURSE RELATIVE TO THE PROPER IAR WITH AND ACCEPT THE	
Please Print,	Type Name Shamira	Klein		
Signature	Sillen	<u> </u>		
Date	8-1-9 Fern	·		
CIS A	1/02	FILING FEE \$35		

CIS 4/92