

OCT. 10. 2006 2:05PM
TO: 916502050380

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NO. 659

P. 1

M89217

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I200000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

LUTVIMA, INC.

Certificate of Status	0
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of RD
change

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

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Luivima, Inc.
2. The principal office address: 201 Crandon Blvd., Apt. 929
Key Biscayne, Florida 33149
3. The mailing address (if different): 701 Brickell Avenue, Ste. 3000
Miami, Florida 33131
4. Date of incorporation/qualification: 7/12/88 Document number: M89217
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ramon Miyar

12042 S.W. 10th Terrace

Miami, Florida 33184

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Intrastate Registered Agent Corporation

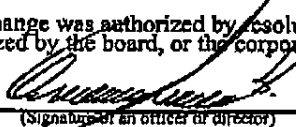
701 Brickell Avenue, Ste. 3000

(P.O. Box NOT acceptable)

Miami, Florida 33131

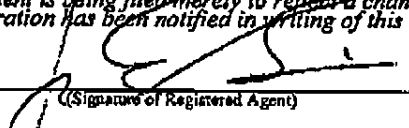
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Luis Alberto Villa, President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

10-9-06

(Date)

If signing on behalf of an entity:

JOSE E. SIRVEN, VP

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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