DOCUMENT # 406109 TOCHE, INC         Principal Flace of Business       Mailing Address         Principal Flace of Business       Mailing Address         Set M. 251 TEP MAME FL 3142       246 MM 2151 TEP MAME FL 3142         Down for protect of Business       246 MM 2151 TEP MAME FL 3142         Down for protect of Business       246 MM 2151 TEP MAME FL 3142         Down for protect of Business       286 MM 2151 TEP MAME FL 3142         Suite, Apit, #, etc.       59-1411891         Down for protect of Business       28         Suite, Apit, #, etc.       59-1411891         Down for protect of Business       28         Suite, Apit, #, etc.       50-04 State         Down for protect of Business	19	OFIT DRATION L REPORT		Katherir Secretary	TMENT OF STATE <b>Harris</b> of State ORPORATIONS	Jan 23, 1999 Secretary o	f State
Principal Place of Business         Mailing Address           2. Principal Place of Business         Za. Mailing Address         DO NOT WRITE IN THIS SPACE           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Applied F           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Applied F           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Applied F           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Applied F           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Applied F           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Request           2. Principal Place of Business         Za. Mailing Address         4. FEI Number         Request           2. Principal Place of Business         Za. Mailing Address         5. Feint Status Desired         Prece Request           2. Principal Place of Business         Za. Country         Zp         Country         Status Desired         Status Desired         Feint Registreed Agent           4. Proceed Place of Differess of Current Registreed Agent         1. Name         Mailer Address (P.O. Box Number is Not Acceptable)         Status Address to Of Status Desired of Inteotors. I hereby	<ol> <li>Corporation Na</li> </ol>	ame	09				
2. Principal Place of Business         2a. Mailing Address         4. FEI Number           Applet Place	2469 NW 21ST TER		2469 M	W 21ST TER		DO NOT WRITE IN T	
Image: Subject of Status         Subject of Status <td>2. Principal Place</td> <td>of Business</td> <td>2a. Ma</td> <td>ilina Address</td> <td></td> <td></td> <td>Applied For</td>	2. Principal Place	of Business	2a. Ma	ilina Address			Applied For
27       City & State       City & St	11 1 1110 par / 1000		26			59-1411891	Not Applicable
City & State       City & State       City & State       6. Election Compaign Financing       Added to Fees         Zip       Zip       Country       Zip       Country       8. This corporation owes the current year Intangible         All VAREZ, JOSE M.       30       Personal Property Tax.       Lites Final Address of New Registered Agent         ALVAREZ, JOSE M.       31       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         ALVAREZ, JOSE M.       3340 NW 15 ST.       Batter Address (P.O. Box Number is Not Acceptable)       Battered Agent         3040 NW 15 ST.       Battered Agent and Address of Sections 607.0502 and 607.1508. Florida Statutes       Batterent for the purpose of channels are significed agent, or both, in the State of Florida. Such change was ausuntice by the corporation's board of directors. I hereby accept the applications agent age	Suite, Apt. #, e	etc	<u> </u>	te, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Additional Fee Required
Jp         Country         Zip         Country         Zip         Country         Its corporation owts the current year Intangible         Intelligence         Intelligence <thintelligence< th="">         Intelligence</thintelligence<>	City & State		City	y & State			\$5.00 May Be
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       ALVAREZ, JOSE M. 3040 NW 15 ST.     81       MIAMI FL 33142     82       B4     City	Zip		Zip	r	·	8. This corporation owes the current year	r Intangible
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register cagent, I amburning with, and accept the obligations of Soction 607 0502, Florida Statutes.         ISIGNATURE       Social as a submit of the purpose of changing its register cagent, I amburning with and accept the obligations of Social as tabutes.       Image:	3040 N	W 15 ST.			83		85 Zin Code
MIAMI FL       14 CTTY-ST-ZIP         ITTLE       S       DELETE       21 TTLE       Change       A         VAME       ALVAREZ, CELINA ROSA       22 NAME       3040 NW 15 ST.       23 STREET ADDRESS       24 CTY-ST-ZIP       Change       A         ITTLE       DELETE       21 TTLE       24 CTY-ST-ZIP       Change       A         ITTLE       DELETE       31 TTLE       Change       A         VAME       32 STREET ADDRESS       Change       A         STREET ADDRESS       33 STREET ADDRESS       Change       A         STREET ADDRESS       33 STREET ADDRESS       Change       A         VAME       14 CTY-ST-ZIP       Change       A         VAME       33 STREET ADDRESS       CTY-ST-ZIP       Change       A         VAME       33 STREET ADDRESS       CTY-ST-ZIP       Change       A         VAME       ALCTY-ST-ZIP       ALCTY-ST-ZIP       Change       A         VAME       ALCTY-ST-ZIP       ALCTY-ST-ZIP       Change       Change       A         VAME       ALCTY-ST-ZIP       ALCTY-ST-ZIP       ALCTY-ST-ZIP       Change       Change       A         VAME       STREET ADDRESS       STREET ADDRESS       STREET				508 Elorida Statute	s the above-named corr	poration submits this statement for the purpose	of changing its registered
TITLE       S       DELETE       2.1 TITLE       Change       A         NAME       ALVAREZ, CELINA ROSA       22 NAME       23 STREET ADDRESS       24 CITY-ST-ZIP       Change       A         NAME       DELETE       31 TITLE       24 CITY-ST-ZIP       Change       A         STREET ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS       Change       A         STREET ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS       CITY-ST-ZIP       Change       A         NAME       32 NAME       33 STREET ADDRESS       34 CITY-ST-ZIP       Change       A         NAME       DELETE       4.1 TITLE       Change       A         NAME       STREET ADDRESS       4.2 NAME       A       A         STREET ADDRESS       4.3 STREET ADDRESS       CITY-ST-ZIP       Change       A         NAME       5.1 TITLE       DELETE       5.1 TITLE       Change       A         STREET ADDRESS       5.3 STREET ADDRESS       S.3 STREET ADDRESS	office or regis agent. I amits SIGNATURE 12.	tered agent, or both, in the S similar with, and accept the o similar with accept the o sin the o similar with accept the o similar wi	State of Florida. S obligations of, Sec <u>Jass c</u> ed agent and title if appli	uch change was au ttion 607.0505, Flor <i>L1. Clip A R</i> cable (NOTE: DRS	thorized by the corporati ida Statutes. e : : PA2 = : Registered Agent signature require 13. 1.1 TITLE	on's board of directors. I hereby accept the ap	AND DIRECTORS IN 12
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