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Secretary of State DOCUMENT # 419332 (2) Principal Place of Business Making Address 427 ELDRON DRIVE MANI SPRINGS PL 30168 Making Address 428 Maling Address 429 DO NOT WRITE IN THIS SPACE 3. Des Incorporated To Business 429 DO NOT WRITE IN THIS SPACE 3. Des Incorporated To Business 420 DO NOT WRITE IN THIS SPACE 3. Des Incorporated To Business 4. Fit Number 220 DO NOT WRITE IN THIS SPACE 3. Des Incorporated To Business 4. Fit Number 221 DO NOT WRITE IN THIS SPACE 3. Des Incorporated To Business 4. Fit Number 222 DO NOT APPLICABLE 5. South Ani, # etc. 6. Electric Animals and electric for the Justiness and Animals the statement for the proporation was one that and animals the address of the proporation was one that animals and animals the a				FLORIDA DEPARTMENT OF STATE										
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10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 145 CURTISS PKWY 145 CURTISS		Country)	Countr	у				the current y	ear Int	angible		
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145 CURTISS PKWY MIAMI SPRINGS FL 33166 82 Street Address (P.O. Box Number is Not Acceptable) 81	C.A	· · · · · · · · · · · · · · · · · · ·			81	Name								
B3 B4 City MIAMI FL B5 Zip_Code 33166					82	2 Street	Address (P.C). Box Number is Not	Acceptable))				
TILP presuant to the provisions of Sections 607 0582 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the statement for the purpose of changing its registered agent. I am familiar with and accept the obtingation for Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12.	MI	AMI SPRINGS FL 33166			83		8180 1	V.W. 36 S1	#100					
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TITLE	Signature, types or printed name or registered agent and title if applicable. (NOTE.					egistered Agent signature required when reinstating)								
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

THE CHARLES CO JAMES

1-14-98 (305) 885 1623