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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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-10/14/02--01019--008
*****35.00 *****35.00

SUBJECT: Beral, Inc.
(Name of corporation)

DOCUMENT NUMBER: 534318

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo R. Bared

(Name of person)

Bared & Associates, P.A.

(Name of firm/company)

1500 San Remo Avenue, Suite 177

(Address)

Coral Gables, Florida 33146

(City/state and zip code)

For further information concerning this matter, please call:

Lourdes Martinez

(Name of person)

at (305) 666-6010 ext. 14

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
02 OCT 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: Beral, Inc.
2. The principal office address: 1500 San Remo Avenue, Suite 177
Coral Gables, Florida 33146
3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 17, 1977 Document number: 534318

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Valdes-Fauli Corp. SVCS Inc
One Biscayne Tower, Suite 3400
2 South Biscayne Blvd, Miami, Florida 33131

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

Bared & Associates, P.A.
1500 San Remo Avenue, Suite 177
(P.O. Box or personal mailbox NOT acceptable)
Coral Gables, Florida 33146

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]
(Signature of an officer, chairman or vice chairman of the board)

Alvaro Vilanova
(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]
(Signature of Registered Agent)
RABLO BARED
(Typed or Printed Name)

10/03/02
(Date)

(Capacity)

If signing on behalf of an entity:

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

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

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TALLAHASSEE, FLORIDA