COF ANNI	DTICE: CORPORATION WILL BE I UE ON OR BEFORE 09/30/98: \$550 (IF DIS PROFIT RPORATION UAL REPORT 1998	SOLVED, MINIMUM AMOUNT D FLORIDA DEP Sandra Secre	ARTMENT OF STAT B. Mortham tary of State F CORPORATIONS	
	IMENT # 662415 D RESOURCES, INC.	(9)		
	ce of Business	Malling Address		A LOBARD DEFED DEFED DEFED DEFED DEFE DEFE DEF
201 Brickeli 20	LAVENUE	1201 BRICKELL AVENUE 200		
IIAMI FL 33131 S		MIAMI FL 33131 US		DO NOT WRITE IN THIS SPACE
2		05		3. Date Incorporated or Qualified 05/06/1980
_ `	Place of Business	28. Mailing Address		4. FEI Number Applied For
l		26		NOT APPLICABLE Not Applicable
Sulte, Apt	. ₩, 81C.	Suite, Apt. #, etc.		5. Certificate of Status Desired Status Desired Status Desired Fee Regulred
City & Sta	ite	City & State		6. Election Campaign Financing \$5.00 May Be
zip	Country	28		Trust Fund Contribution Added to Fees
, 	25	Zip 29	Country 30	S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	Res, ö nofre 1 Bri ök ell avenue		81 Nami	
200	I DRIVINELL AVENUE		82 Stree	Address (P.O. Box Number Is Not Acceptable)
MIA	MI FL 83 131		83	
			84 City	85 Zip Code
1 Ourouan	t to the provisions of eastions 607.0500	and 607 1508 Florida Statut		
office or	registered agent, or both, in the State of	of Fiorida. Such change was	authorized by the ser	CURDURATION SUDMITS THIS BRATEMENT TO THE DURDOSE OF CHAINGING ITS REGISTERED
ອີລີຄຸມທາກ ເ	ann ianninar with, and accept the obliga	tions of, section 607.0505, F	lorida Statutes.	poration's board of directors. I hereby accept the appointment as registered
agent. I IGNATURE				corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
IGNATURE		and tille if applicable. (f		ure regulard when reinstalling) DATE
IGNATURE 2.	Signature, typed or printed name of registered agent OFFICERS AND	and tille if applicable. (f	IOTE: Registered Agent signa	ure regulard when reinstalling) DATE
IGNATURE 2. ILE ME	Signature, typed or printed name of registered agent OFFICERS AND D HERRERA, JULIO R	and tille if applicable. (f DIRECTORS	IOTE: Registered Agent signe 13. 1.1 TITLE 1.2 NAME	Ure required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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