Requestor's Name
7875 NW1257, Sfe. 104

7875 NW/257, Sfe: 104
Address

Minmi F/33/26
City/State/Zip Phone #

Office Use Only

<b>CORPORATION NAME(S)</b>	& DOCUMENT NUMBER(S	5),	(if known)	):
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1.			NEED 97
	(Corporation Name)	(Document #)	<b>6</b> 28
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Mail out	☐ Will wait	Photocopy	Certificate of Status

NEW FILINGS
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NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

500002306855--9 -09/29/97--01182--005 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

<b>CHERTIANGS</b>
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/2 QUALIFICATION
Foreign `
Limited Partnership
Reinstatement
 Trademark
Other

11-18-97

Examiner's Initials

CC .......



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 2, 1997

NIVESA CORPORATION, N.V. 7875 N.W. 12th Street Suite 104 Miami, FL 33126

SUBJECT: NIVESA CORPORATION, N.V.

Ref. Number: 844168

We have received your document for NIVESA CORPORATION, N.V. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Letter Number: 897A00048520

Cheryl Coulliette Document Specialist

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section (signed corporation organized under the following statement in order to chaboth, in the State of Florida.  **CURACAO, NETHERIANDS AND	ne laws of the ange its registe ITILLES NIVESA C	ored office or registered a	agent, or
1a. Date of incorporation 09/18/	1979	Document number	<u>844168</u>
2. The name and address of the cun	rent registered	i agent and office:	SECTE VISIGN 97 NO
CALDERON-FLORES PO 7875 N.W. 12 D STREE MIANI FLORIDA 331-	ET, SUITE	104	
3. The name and address of the new (P.O. Box Not Acceptable)  HBENTO VA  7875 NW 12 St	)		33/22
The street address of its registered ag of its registered agent as changed, wi	ent and the s	treet address of the busi	ness office
Such change was authorized by resol an officer so authorized by the board.	lution duly add	opted by its board of dire	ectors or by
_! _!	SIGNATURE	name and title yield	ENZO LABARTINO -PRESIDENT
	DATE NO	VEMBER 14,1997	
HAVING BEEN NAMED AS REGISTED PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY ACT AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAPLETE PERFORMANCE OF MY DUTTHE OBLIGATION OF MY POSITION	CORPORAT CCEPT THE A S CAPACITY. TUTES RELA TES. AND I AM	PPOINTMENT AS REGIS I FURTHER AGREE TO TIVE TO THE PROPER A I FAMILIAR WITH AND A	STERED COMPLY AND COM-
	SIGNATURE,	(Registered Ager	nt)
	DATE	9/25/97	

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