_ 2001	I UNIFORM BUS	INESS REPO	RT	(UBR)			
DOCU 1. Entity Name	MENT # .A000000	)1941		3 No		•	
MURANO TWO, LTD.					FILED		
Principal Place of Business Mailing Address					01 MA	Y 21 P	и II: 22
2828 Coral Way, PH-1 Miami, Fl 33145		2828 Coral Miami, Fl.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number		Applied For Not Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired	<b>X</b>	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u>'</u>		7. Name and Address of New	/ Registered	Agent
Arnanlez, ANGEL A. 2828 CORAL WAY PH-1 MIAMI, FL. 33145  8. The above named entity submits this statement for the purpose of changing its			City FL Zip Code				
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered	Agent signature require	red when reinstating)	DATE	
9. Capital Con		10. Amount of Capita in FLORIDA to da	Contrib		11. MAKE CH	ECK PAYABLE	TO DEPT. OF STATE
	A GENERAL PARTNER T	THAT IS A BUSINESS EN	ITY ML		STERED AND ACTIVE WITH T	HIS OFFICE	E.
12. GENERAL PARTNER INFORMATION			13.	. ADDRESS CHANGES ONLY			
DOCUMENT #  JAME  JAME	MUTANO TWO, I 2828 Coral Wo Minoni, Fl	71 PH 33145		ST-ZIP			<u> </u>
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TREET ADDRESS			CITY-S	ST-ZIP		J.	<b>\</b> βV'

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapte 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

ANGEL HERNANDEZ

VICE - PRESIDENT

4/co/01