

**CORPORATE
ACCESS,
INC.**

B9 70000000054

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN

PICK UP 3/24/97 11:00 ^{NT} ☺

CERTIFIED COPY _____ **CUS** _____

PHOTO COPY _____ **FILING** Amendment

1.) The Rincon Family Partnership, L.P.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

G. TAX _____
FILING 52.50
R. AGENT FEE _____
C. COPY 52.50
TOTAL 105.00
V. BANK _____
BALANCE DUE _____
REFUND _____

1013 Contore road
Wilmington de

860202125358-0
03/26/97-01136-010
****105.00 ****105.00

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAR 24 PM 2:16

RECEIVED
97 MAR 24 AM 9:44
DIVISION OF CORPORATIONS

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

THE RINCON FAMILY PARTNERSHIP, L.P.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows: **THE GENERAL PARTNER IS CHANGED FROM HOLLY S. RINCON, TO RINCON MANAGEMENT COMPANY, INC.**
1013 Centre Road
Wilmington, DE 19805

F9700000531

RINCON MANAGEMENT COMPANY, INC.

BY: *Holly S. Rincon*
(Signature of a General Partner)

RINCON MANAGEMENT COMPANY, INC.
(Typed or printed name of General Partner signing above)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 24 PH 2: 16

STATE OF FLORIDA

COUNTY OF DADE

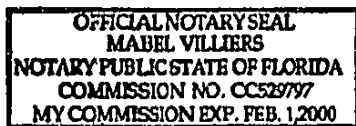
On this 20th day of March, 19 97, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

Mabel Villiers
(Notary Public Signature)

Mabel Villiers
(Notary s Printed Name)

Seal



My Commission Expires: 2-1-2000