2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000002142

DE LAUNAY, YVES

MIAMI, FL 33156

9880 S.W. 72ND AVENUE

Name:

Address:

City-St-Zip:

LANGONUNITEDNIATIONIAL AMEDICAC INC

FILED Oct 12, 2005 Secretary of State

Entity Nan	ne: LANS	ON INTERNATIONAL A	MERICAS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1101 BRICKELL AVENUE SUITE 1202 MIAMI, FL 33131				300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134			
Current Mailing Address:				New Mailing Address:			
1101 BRICKELL AVENUE SUITE 1202 MIAMI, FL 33131				300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134			
FEI Number:	98-0371425	FEI Number Applied	For () FEI Nur	nber Not Appli	cable ()	Certificate of Statu	s Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				ALONSO & GARCIA , PA 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134 US			
The above in the State		ty submits this statemer	nt for the purpose o	of changing it	s registered o	ffice or registered	agent, or both,
SIGNATUR	RE: DOMIN	IGO ALONSO		10/12/2005			
	Elect	ronic Signature of Regis	stered Agent			Date	
		.193(2)(b), F.S., the corpora cing Trust Fund Contribution		the prior notice	.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD MORA, MAF 17, AVENUE PARIS, FR			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD MORA, FRA 17, AVENUE PARIS, FR			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	AS CONSTAIN, 1011 BRICH MIAMI, FL	(ELL AVE., UNIT 1202		Title: Name: Address: City-St-Zip:	CONSTAIN, ALI	VENUE SUITE 201	
Title: Name: Address: City-St-Zip:	VPAT CONSTAIN, 1011 BRICK MIAMI, FL	ELL AVE., UNIT 1202		Title: Name: Address: City-St-Zip:	CONSTAIN, ALI	VENUE SUITE 201	
Title:	٧	(X) Delete		Title:	()) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALICIA CONSTAIN **VPAT** 10/12/2005