

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90060 048 \*\*\*150.00

1. Entity Name  
**EDIAN INVESTMENT CORPORATION**

03-02-2001 90060 048 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| % MICHAEL P. COLLINS, ESQ.<br>767 THIRD AVE., 31ST FL.<br>NEW YORK NY 10017 | % MICHAEL P. COLLINS, ESQ.<br>767 THIRD AVE., 31ST FL.<br>NEW YORK NY 10017 |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



DO NOT WRITE IN THIS SPACE

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 58-2381739 | Applied For    |
|               |            | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

|  |    |          |
|--|----|----------|
| 7. Name and Address of New Registered Agent        |    |          |
| Name   |    |          |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
|  |    |          |
| City   | FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br/>(See criteria on back) <input type="checkbox"/></p> | <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2001 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                         |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CP<br><b>SALGUERO, CARLOS</b><br><b>ANTONIO MAURA 9</b><br><b>28014 MADRID, SPAIN</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br><b>SALGUERO, STEPHEN</b><br><b>ANTONIO MAURA 9</b><br><b>28014 MADRID, SPAIN</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br><b>DE VARONA, RAUL SANCHEZ</b><br><b>145 MADEIRA AVE STE 310</b><br><b>CORAL GABLES FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 or supplement report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)