Requestor's Nam Address

Office Use Only HAFT CORPOR MENT NUMBER(S), (if known): & **ASSOCIATES** (Document #) (Document #) (Document #) Suite 800, South Tower 1101 Brickell Avenue (Document #) Miami, Florida 33131 □ Walk ir Certified Copy Mail or Certificate of Status Photocopy NEW FILINGS AMENDMENTS 4:00:002151804--4 -04/23/97--01059--007 ******35.03 ******35.00 Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal John John Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1.95)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections undersigned corporation organized und			Florida Statutes, the
submits the following statement in orderstate of Florida.			agent, or both, in the
1. The name of the corporation is:		Imexpain U.S.A., Inc.	
2. The mailing address of the corporation	on is :	8275 N.W. 36 Street	
	***	Miami, FL 33166	<u></u>
3. Date of incorporation/qualification: _4. The name and address of the current			C47196
	Antonio S	uarez Saudinos	_
	8275 N.W.	36 Street	
	Miami, FL	33166	_
5. The name and address of the new re	gistered agent	and office: (P.O. Box Not Accep	otable)
	Barry J.	Haft, President	_
	Haft & As	sociates, P.A.	
ll01 Brickell	Ave., Suite	800-S, Miami, FL 33131	_
The street address of its registered officagent, as changed, will be identical.	ce and the stree	et address of the business office	of its registered
Such change was authorized by resolut authorized by the board.	ion duly adopt	ed by its board of directors or by	an officer so
(Signature of an officer, chairman or vice chairm	non of the board)	4/, 7/.,)	
/	ueiro, Vice		
Jorge Sarg		d name and title)	
Having been named as registered ages I hereby accept the appointment as re- comply with the provisions of all statu and I am familiar with and accept the	nt and to accept gistered agent of tes relative to to obligation of n	nt service of process for the above and agree to act in this capacity the proper and complete perform my position as registered agent.	ve stated corporation, . I further agree to nance of my duties,
(Signature of Reginicand Agent)	Pals.	4/15/97 (Petc)	
If signing on behalf of an entity:		•	
Haft & Associates, P.A.		President	
(Typed or Printed Name)		(Capacity)	

CR2E045(1/95)

FILING FEE: \$35.00