Document Number C	Only	
	-6197	ろん
	U 1	
C T Corporati	ion System	The state of the s
660 East Jefi	ferson Street	
Address Tallahassee,	FL 32301	, , , , , , , , , , , , , , , , , , ,
	Zip Phone	600002358676 5 -12/01/9701036014
CORP	ORATION(S) NAME	*****35.00 *****35.00
		=
!		<u> </u>
	Microretailing In.	
	, , , , , , , , , , , , , , , , , , ,	- 15 - 10 - 10 - 10 - 10 - 10 - 10 - 10
() Profit () NonProfit () Limited Liability		() Merger
() Foreign	() Dissolution/Wi	ithdrawal () Mark
() Limited Partnership () Reinstatement	() Annual Report	
() Limited Liability 1	() Reservation Partnership	() Fictitious Name
() Certified Copy	() Photo Copies	() CUS 丁黃己 — 而
() Call When Ready	() Call if Problem	() CUS → → → → → → → → → → → → → → → → → → →
() Mail Out	() Will Wait	Pick Up
Name Avallability		the gradient of the second of the second
Document	12/1/97	PLEASE RETURN EXTRA COPY(S) FILE STAMPED
Examiner		FIDE STAFED
Updater		
Verifier	†	Thacka
Acknowledgment		
W.P. Verifier		
CR2E031 (1-89)		121

TOTAL P.02

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section Florida Statutes, the undersigned confidered submits the following submits submi	orporation or or statement	ganized under the lav	vs of the State o	of Constant
or registered agent, or both, in the S	State of Florio	la.		
1a. The name of the corporation is:-	Micro	retailing, Inc		
			Fig	
1b. Date of incorporation Septem	ber 30, 1	983 Document nur	nber G61835	1 H2
2. The name and address of the co	ırrent registe	red agent and office:	T	
Francisco D. Victoria		-		
1928 South Miami Avenue Miami, Florida 33129			4	
The name and address of the new (P.O. Box Not Acceptable)	v registered a le) ORPORATION :	Profession of the Control of the Control	•	
c/o C T CORPORATION SYSTEM, 120	00 South Pir	e Island Rd., Plan	tation, Florid	— ša 33324
of its registered agent as changed was Such change was authorized by resonant officer so authorized by the board	olution duly a			у
SIGNATURE	— - T v	Ped or printed name	and title	<u> </u>
November 20, 1997 DATE				
HAVING BEEN NAMED AS REGISTE PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN THI WITH THE PROVISIONS OF ALL STA PLETE PERFORMANCE OF MY DUT THE OBLIGATION OF MY POSITION	D CORPORA CCEPT THE IS CAPACITY ATUTES REL TIES, AND I A	ATION AT THE PLACE APPOINTMENT AS F I FURTHER AGRE ATIVE TO THE PROF M FAMILIAR WITH A	E DESIGNATED REGISTERED E TO COMPLY PER AND COM-	
	SIGNATURE	· A	RATION SYSTEM	
	DATE 121	(Registered	BRYAN	etasv
Division of Corporations,	P.O. Box 6	SPECIAL / 327. Tallahassee	ASSISTANT SECR	(E(ART