Principal Rund of Business       Maiing Address         100 wr 6 A NRNE       100 in Wr 6 A NRNE         MAN FL 3026       US         125       US         2. Principal Place of Business       3. Maiing Address         Suifs, Act #. 4c.       Do Not With FL 3026         City & Stato       Carthy         2. Principal Place of Business       3. Maiing Address         Suifs, Act #. 4c.       Do Not With FL Nith's SPACE         City & Stato       Carthy         2. Contry       S. Certificato of Status Desired         2. Principal Place of Business       S. Mane and Address of Current Registered Agent         ALFONSO, JORGE       Street Address (P.O. Box Namber is Not Acceptable)         Street Address (P.O. Box Namber is Not Acceptable)       Street Address (P.O. Box Namber is Not Acceptable)         Street Address (P.O. Box Namber is Not Acceptable)       Street Address (P.O. Box Namber is Not Acceptable)         Street Address (P.O. Box Namber is Not Acceptable)       Street Address (P.O. Box Namber is Not Acceptable)         Street Address of ourrent Name dentify address address address of Current Name dentify address       Intel Registered Agent         11       OPFICERS AND Ourrent Street Mark address addres	1. Entity Nam	2 UNIFORM BU IMENT # K528 EL INTERNATIONAL, INC.	320	אשע (ששא)	Apr 03, 20 Secretar	LED 002 8:00 an y of State 92 025 ***158.75	n
2. Inforce Practice of outsiness Suite, Apt. #, etc. City & State Cit	1601 NW 84 MIAMI FL 331	AVENUE	1601 NW 84 AVENUE MIAMI FL 33126			INTERNET STATE STATE STATE	
City & State       Curriny       Zip       Country       Jappilon PC         Zip       Country       Zip       Country       S. Certificato of Status Desired       Image: State State         ALFONSO, JORGE       State       Name       Name       Name       State       Name         ALFONSO, JORGE       State       Name       Name       State       Name       State       Name         ALFONSO, JORGE       Street Address of New Registered Agent       Name       Street Address of New Registered Agent       Name         ALFONSO, JORGE       Street Address of New Registered Agent       Name       Street Address of New Registered Agent       Name         ALFONSO, JORGE       Street Address of New Registered Agent       Name       Street Address of New Registered Agent       Name         ALFONSO, JORGE       Officer Provide with the statement for the purpose of changing its registered Agent discone machine with what Address of New Registered Agent       Name       Street Address of New Registered Agent         Street Address of New Registered Agent for Advectage       Office Provide with the State of Flords.       Name       Name         Street Advectage       Street Advectage       Other Registered Agent discone machine with what advectage the street Agent discone machine with what advectage the street Advectage the street discone machend withe street advectage the street advectage the st	2. Principal F	Place of Business	3. Mailing Address				
Zip     Country     Zip     Country     S. Certificate of Status Desired     Pot Applic       2:b     Country     S. Certificate of Status Desired     Pit Additional Pre Maquined     Pit Additional Pre Maquined       ALFONSO, JORGE 8515 NW. 29 STREET MIAM FL 33122     Name     Name     Name       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 Florda.     Orton       SIGNATURE     City     FL     Zip Code       9. This corporation is eligible to satisfy its Integrate (Soc criteria on back)     Pit E NOW!!! FEE IS \$150.00 Mate Check Payable to Department of State     10. Electron Campaign Financing Trust Fund Controlution, Mate Check Payable to Department of State       11.     PD OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Suite, Apt.	., #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	
Construction of the second Address of Current Registered Agent     Construction of the Registered Agent     Construction of the Registered Agent     ALFONSO, JORGE     Stis N.V. 20 STREET     MIAMI FL 33122     City     FL     Zip Code     City     FL     City     FL     Zip Code     City     FL     Zip Code     City     FL     City     FL     City     FL     City     FL     City     City     FL     City     City     FL     City	City & Stat	te	City & State		4. FEI Number 65-0088495		
	Zip	Country	Zip	Country	5. Certificate of Status Desired		
ALFONSO, JORGE \$515 N.W. 29 STREET MLANI FL 33122  Sitest Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  TL City FL Zip Code  TL City FL Zip Code  FLE NOW!!! FEE IS \$150.0  Atter May 1, 2002 Fee Will be \$550.0  Make Check Payable to Department of State TL DEFICERS AND DIRECTORS TL PD ALFONSO, JORGE TL PD ALFONSO, JORGE TL DEele TLE NWE SIRET ADDRESS THE I ADDRESS TH		6. Name and Address of Curr	ent Registered Agent	Namo	7. Name and Address of New Re		
B. 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     Signature work of registered agent and the if applicable     This corporation is eligible to satisfy its intangible     Tax filing requirement and elects to do so.     Sec criteria on back.     DEFICERS AND DIRECTORS     TAL     ALFONSO, JORGE     STREET ADDRSS     STREET	8515 N.W	V. 29 STREET			ss (P.O. Box Number is Not Acceptable)		
Intle       PD       Intle       In		· · · ·			10. Election Campaign Finar	ncing \$5.00 May	Be
NAME     ALFONSO, JORGE L     NAME       STREET ADDRESS     1601 NW 84 AVENUE     STREET ADDRESS       CITY-ST-ZIP     MIAMI FL 33126     CITY-ST-ZIP       TITLE     VPE     Delete       NAME     S15 NW 29 ST     CITY-ST-ZIP       MIAMI FL     Delete     TITLE       NAME     S15 NW 29 ST     CITY-ST-ZIP       MIAMI FL     Delete     TITLE       VPO     Delete     TITLE       NAME     ANGEL, LILIANA     CITY-ST-ZIP       MIAMI FL     Delete     TITLE       NAME     ANGEL, LILIANA     CITY-ST-ZIP       MIAMI FL 33126     CITY-ST-ZIP     Change       MIAMI FL 33128     Delete     TITLE       NAME     STREET ADDRESS     CITY-ST-ZIP       MIAMI FL 33128     CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete     TITLE       NAME     STREET ADDRESS     CITY-ST-ZIP	Tax filing ( (See criter	requirement and elects to do so. eria on back)	After May 1, 20	02 Fee will be \$550.0 ble to Department of \$	Trust Fund Contribution,	Added to Fee	
NAME ALFONSO, JORGE L STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ITTLE VPO AAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete ITTLE Delete CITY-ST-ZIP ITTLE Delete CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete CITY-ST-ZIP CITY-ST-ZI	Tax filing (See criter (See criter 11. INTLE : VAME STREET ADDRESS	requirement and elects to do so. eria on back) OFFICERS A PD ALFONSO, JORGE 1601 NW 84 AVENUE	After May 1, 20 Make Check Payal	02 Fee will be \$550.0 ble to Department of \$ 12. Title NAME STREET ADDRESS	Trust Fund Contribution,	Added to Fee	es
NAME     ANGEL, LILIANA       1601 NW 84 AVENUE     STREET ADDRESS       DITY-ST-ZIP     MIAMI FL 33126       ITILE     Delete       ITILE     Delete       ITILE     Change       AAME       STREET ADDRESS       CITY-ST-ZIP	Tax filing i (See criter 11. ITTLE : STREET ADDRESS CITY-ST/ZIP ITTLE VAME STREET ADDRESS	requirement and elects to do so. eria on back) OFFICERS A PD ALFONSO, JORGE 1601 NW 84 AVENUE MIAMI FL 33126 VPE ALFONSO, JORGE L 1601 NW 84 AVENUE	After May 1, 20 Make Check Payat	02 Fee will be \$550.0 ble to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution,	Added to Fee	es dition
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