

765000

1. Entity Name


FILED

02 NOV -4 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3191 CORAL WAY. SUITE 502 MIAMI FL 33145		Mailing Address 999 BRICKELL AVE #700 MIAMI FL 33131		SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1165 101 ST #2		3. Mailing Address 1165 101 ST			
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2			
City & State BAI Harbor Islands, FL		City & State BAI Harbor Islands, FL		4. FEI Number 65-1020606	
Zip 33154	Country USA	Zip 33154	Country USA	Applied For	
				Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent					

<p>6. Name and Address of Current Registered Agent</p> <p>ALFANO, ALEXANDER 3400 CORAL WAY, SUITE 603 MIAMI FL 33145</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name <u>Hector SNAZAR</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>1163 101 ST # 2</u></p> <p><u>BAI</u></p> <p>City <u>BAI Harbor Islands FL</u></p>	<p>Zip Code <u>33150</u></p>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

President.

10/24/02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

DAT

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAZAR, HECTOR 3191 CORAL WAY, SUITE 502 MIAMI FL 33145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	900008792559 11/04/02--01111--006 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	REINSTATEMENT 02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

~~STRUCTURE~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Def

De la : D.

10/29/02 (305)16-4839

CB2F083 (4/02)