

FROM : MAV CORPORATE SERVICES

FAX NO. : 954-966-5273

May. 24 2002 10:59AM P1

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : M.A.V. CORPORATE SERVICES
Account Number : I20000000007
Phone : (954) 989-4530
Fax Number : (954) 966-5273

REGISTERED AGENT CHANGE

TRANS-COR, USA, LIMITED COMPANY

02 MAY 26 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: TRANS-COR, USA, LIMITED COMPANY
2. The mailing address of the limited liability company is: 21911 LAKE FOREST CIRCLE, #102 BOCA RATON, FLA. 33433

10-03-01L01000016963

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

EMILIO MORENO

Name

4964 SW 92ND TERR.

Address

COOPER CITY, FLA. 33328

City, State and Zip

6. The name and address of the new registered agent and/or office:

OMAR R. ENSE

Name

21911 LAKE FOREST CIRCLE #102

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33433

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

OMAR R. ENSE

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) OMAR R. ENSE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DNHS:K(10/99)

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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