DOCUMENT # 1. Entity Name L30384 CARIBBEAN CANADIAN U.S.A., INC. RECEIVED JAN 7 2002

TITLE NAME STREET ADDRESS TITLE MAME STREET	Principal Pla	ace of Busines	SS	Mailing Address	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, ofc. Do NOT WHITE IN THIS SPACE	C/O DANIEL JOHNSON MIAMI FL 33172			2320 N.W. 102ND PLACE C/O DANIEL JOHNSON MIAMI FL 33172				A NORMONIA BOO ANAN ORAKO ANAN ADAM DIBIN AKOM				
City & State Ci	2. Principal	Place of Busin	ness	3. Mailing Address		_			.			CII AIAII BIBN III.
Applied For Mon Application Security Sec	Suite, Ap	t. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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CHARCHAT, STEVEN M PA 848 BRICKELL AVE SUITE #1040 MIAMI FL 33131 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 Flonda. SIGNATURE Signature Florida is aligible to sassify its intangible Tax (May proprietinent and elects to do so.) Make Check Payable to Department of State MAKE Check Payable to Department of State PARA, MAURICE SIREY ADDRESS CHY-ST-ZIP MAMIFEL TITLE MAKE MAMIFEL TITLE MAM	Zip	\	Country	Zip		intry		5. Certificate of Status Desired \$8.75 Addition				Additional -
CHARCHAT, STEVEN M P.A 448 BRICKELL AVE SUITE #1040 MIAMI FL 33131 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered adject or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Task filter requirement and elects to do so. After May 1, 2002 Fee will be \$55,0.00 Make Check Payable to Department of State (See Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TILE MAKE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIRRET ADDRESS SIRRET		6. Name	and Address of Current	Registered Agent	<u>. </u>	, -		7 No				uired
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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. SIGNATURE Signature, typed or primed name of agetated agent and side it applicable.	MINNIN I L					City			-	FL	Zip Ci	ode
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	3. hereby ce	ertify that the in	nformation supplied with the	nis filing does not qualify for the			ad in Carri		07(0)(2) 5() ; 5:	 .		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

13(0,0,1281) AT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 305-477-1682 Daytime Phone #