

L60303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN SEP - 8 2005

VICTOR P. DEBIANCHI, JR., P.A.
ATTORNEY AT LAW

VICTOR P. DEBIANCHI, JR.
GERALDINE M. DEBIANCHI, P.A.

OF COUNSEL:
CHARLES E. PAOLI, JR.

SUITE 602
1720 HARRISON STREET
HOLLYWOOD, FLORIDA 33020
TELEPHONE: (954) 925-0433
(954) 929-6666
FACSIMILE: (954) 925-4033

August 31, 2005

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

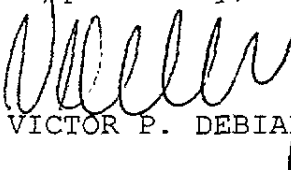
RE: Kuramo (USA), Inc., a Florida corporation
Document Number L60303

Dear Ladies and Gentlemen:

Please find enclosed herewith for filing the Articles of Amendment to Articles of Incorporation of Kuramo (USA), Inc., along with my trust account check in the amount of \$43.75. Also enclosed are the Letters of Administration appointing Caroline Odulate as Personal Representative of the Estate of Wilberforce Odulate. Caroline Odulate, as Personal Representative, advises that she is the best one to take positions of President, Secretary, Treasurer, Director, and Registered Agent at this time. I will advise you of any future amendments. Please return a certified copy of the Amendment to the undersigned.

Thank you for your time and courtesy herein.

Respectfully,


VICTOR P. DEBIANCHI, JR.

VPD:mc
Enclosures

cc: Caroline Odulate

Articles of Amendment
to
Articles of Incorporation
of

KURAMO (USA), INC.

(Name of corporation as currently filed with the Florida Dept. of State)

FILED
05 SEP -6 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L60303

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

The below-listed changes are being made due to the fact that Wilberforce O. Odulate died on June 17, 2005, pursuant to the attached death certificate, and due to the fact that Caroline Odulate is the Personal Representative of the Estate of Wilberforce Odulate pursuant to the attached Letters of Administration:

Consent to Action Taken In Lieu of Re-Organizational Meeting is amended as follows: The office of President/Secretary/Treasurer is to be held by Caroline Odulate in place of Wilberforce O. Odulate, deceased. Caroline Odulate's address is 662 S. Military Trail, Deerfield Beach, FL 33440.

Article VI shall be amended as follows: Caroline Odulate shall be the sole director in place of Wilberforce O. Odulate, deceased. Caroline Odulate's address is 662 S. Military Trail, Deerfield Beach, FL 33440.

Certificate Designating Registered Agent and Place of Business or domicile for the Service of Process Within Florida, and Acceptance of Agent upon Whom Process May Be Served is amended as follows:

The new registered agent is Caroline Odulate, 662 S. Military Trail, Deerfield Beach, FL 33440, in place of Wilberforce O. Odulate, deceased.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at 662 S. Military Trail, Deerfield Beach, FL 33440, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. Dated this 24 day of August 2005.


Caroline Odulate
Registered agent

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 8-24-2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)
Personal Representative

- The amendment(s) was/were adopted by the ~~board of directors~~ without shareholder action and shareholder action was not required, because of the estate; however, notice was given to all interested parties.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 24 day of August, 2005.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Caroline Odulate
(Typed or printed name of person signing)

Personal Representative of the Estate of Wilberforce Odulate
pursuant to Letters of Administration attached hereto and made
a part hereof (Title of person signing)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. _____

1. OCCIDENT'S NAME (Last, First, Middle Initial) **Wilberforce Odulate** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **July 1, 1950** 4. DATE OF DEATH (Month, Day, Year) **June 17, 2005**

5. SOCIAL SECURITY NUMBER **595-94-0900** 6. COUNTY OF DEATH **Franklin**

7. PLACE OF DEATH (Check only one) **Home** **Other (Specify)** _____

8. FACILITY NAME (If not home, specify hospital) **Aventura Medical Center** 9. CITY, TOWN, OR LOCATION OF DEATH **Aventura** 10. INSIDE CITY LIMITS Yes No

11. MARITAL STATUS (Check one) Married Single Widowed Divorced **Caroline Odulate**

12. RESIDENCE (City, State, ZIP Code) **Nigeria** **LAGOS** 13. INSIDE CITY LIMITS Yes No

14. OCCIDENT'S OCCUPATION (Specify) **Pharmaceutical and Food Product Manufacturing**

15. OCCIDENT'S ETHNIC OR RACIAL ORIGIN (Check one) Other (Specify) **Nigerian**

16. OCCIDENT'S PLACE OF BIRTH (City, State, ZIP Code) **Forest Lawn South Cemetery** **Lot 424** **Davis**

17. OCCIDENT'S US CITIZENSHIP (Check one) Naturalized Citizen Naturalized Citizen U.S. Armed Forces U.S. Armed Forces

18. INFORMANT'S NAME (Last, First, Middle Initial) **Jacob Odulate** **Sara Solebo**

19. INFORMANT'S RELATIONSHIP TO OCCIDENT **Spouse** **Spouse**

20. INFORMANT'S CITY, STATE, ZIP CODE **Lagos** **Nigeria** **n/a**

21. PLACE OF INTERVIEW (City, State, ZIP Code) **Forest Lawn South Cemetery** **Lot 424** **Davis**

22. METHOD OF INTERVIEW (Check one) In Person By Mail By Telephone Other (Specify) _____

23. IF CREATION FROM A BUREAU (Check one) Yes No

24. NAME OF PLACE (City, State, ZIP Code) **Panacea Memorial** **Florida** **33021**

25. DATE OF DEATH (Month, Day, Year) **June 17, 2005**

26. DATE OF DEATH (Month, Day, Year) **June 17, 2005**

27. NAME OF ATTENDING PHYSICIAN (If other than Certifier) _____

28. CITY, STATE, ZIP CODE **Florida** **Aventura** **33180**

29. PROBABLE CAUSE OF DEATH (Specify) _____

30. DATE FILED BY REGISTRAR (Month, Day, Year) **JUN 22 2005**

31. CAUSE OF DEATH (Specify) _____

32. MANDATE CAUSE (Specify) _____

33. PROBABLE CAUSE OF DEATH (Specify) _____

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100. PROBABLE CAUSE OF DEATH (Specify) _____

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



WARNING

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CERTIFICATION OF VITAL RECORDS



Upon entry to a safe deposit box, an inventory of the contents must be made in the presence of a bank employee witnessed, and filed with the court.

THIS ESTATE MUST BE CLOSED WITHIN 12 MONTHS IF NOT CONTESTED.

IN THE CIRCUIT COURT FOR BROWARD COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF WILBERFORCE ODULATE File No. 05-03987
Division 102

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Wilberforce Odulate, a resident of 4034 Island Estates Drive, Aventura, Florida (VFD) ^{Plot 311 AKIN OGUNJELU ST., LAGOS, NIGERIA} 33460 died on June 17, 2005, owning assets in the State of Florida, and

WHEREAS, Caroline Odulate has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Caroline Odulate duly qualified under the laws of the State of Florida to act as personal representative of the estate of Wilberforce Odulate, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on July 21, 2005

Mark A. Spenser

Circuit Judge

STATE OF FLORIDA
BROWARD COUNTY

I DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in the office of the Circuit Court Clerk of Broward County, Florida, and that same is in full force and effect.

WITNESS my hand and Official Seal at Fort Lauderdale Florida, this the 21 day of July 2005

Howard C. Forman
Howard C. Forman
Deputy Clerk