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SECRETARY OF STATE

RA. Change

T BROWN NOV 1 0 2004

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
change is submitt	ed for a corporation organized under the laws of the State of	in order
to change its regi	stered office or registered agent, or both, in the State of Florida.	
1. The name of th	BI-BI Show, INC.	
2. The principal of	office address: 11440 S.W. 49th Terrace	
· · · · · · · · · · · · · · · · · · ·	Miami, FL 33165	-
3. The mailing ad		
	N. Mimai Beach, FL 33162	
4. Date of incorpo	pration/qualification: 05/24/90 Document number:	
5. The name and : Florida Departs	street address of the current registered agent and registered office on file with the ment of State:	0
	Fernando Silva	強着で
·	16300 N.E. 19th Ave.	題らて
<u>.</u>	N. MIami Beach, FL 33162	360
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office Mildred Houdayer	SECRETARY OF STATE
	mildled noddayei	
_	11305 S.W. 102nd Court	
	(P.O. Box or personal mailbox NOT acceptable) Miami, FL 33176	
-	MIAMI, II 33,70	<u> </u>
The street addres changed will be i	s of its registered office and the street address of the business office of its registed dentical.	ered agent, as
Such change was	authorized by resolution duly adopted by its board of directors or by an officer corporation has been notified in writing of the change.	so authorized by
Mil	posture of an officer or director) (Printed or typed name and	oud exer
I hereby accept to I further agree to duties, and I am being filed merel been notified in v	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete proper and complete proper and accept the obligation of my position as registered agent. Or, if y to reflect a change in the registered office address, I hereby confirm that the conting of this change.	erformance of my if this document is orporation has
	photostops Oct. 25 Dates 2	-004_
If signing on beh		
Hi(DIED HOWAGEN PRESIDENT	
,	(Typed or Printed Name) (Capacity)	

* * * FILING FEE: \$35.00 * * *