11960 (J. Figure 25) 00289

815 Ponce de Leon Blvd., Suite 200 Coral Gables, Florida 33134

Telephone No. (305) 442-0303

Facsimile No. (305) 447-0076

Secretary of State P.O. Box 6327 Tallahassee, Fl. 32314

Re: Mibana Recovery L.C Change of Resident Agent

Gentlemen:

Enclosed please find the application for change of Registered Agent and office for the above captioned corporation, together with the check in the sum of \$35.00 corresponding to the filing fee.

Very truly yours,

Luis A. Figueroa

500002509345--6 -05/04/98--01049--013 ******35.00 ******35.00

VS MAY 8 -1998

RA Chg.

Florida Department of State, Sandra B. Mortham, Secretary of State STATEMENT OF CHARGE 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 organized under the laws of the State of	f Florida,
submits the following statement in order to change its regis	tered office or registered agent, or both, in
the State of Florida.	90 kg.
la. The name of the limited liability company is: MIBAN	A RECOVERY L.C
	CARIAGO PH 2
1b. The mailing address of the limited liability company is	A RECOVERY L.C SENTENCE OF PERSONNEL AND A SECONDARY AND A SEC
Suite 200, Coral Gables, Fl 33134	
1c.Date of filing/registration in Florida: 3/13/96 D	ocument number: <u>L9600000</u> 289
2. The name and address of the current registered agent an	d office:
ALBERTO DIAZ MASVIDAL	<u> </u>
19 W. FLAGLER STREET, SUITE	116
	<u>.</u>
3. The name and address of the new registered agent and	office:(P.O. BOX NOT ACCEPTABLE)
LUIS A. FIGUEROA	
816 Ponce De Leon Blvd., Sui	
Coral Gables, Florida 33134 After the change or changes are made, the street address of	the registered office and the business office
of the registered agent will be identical.	
Such change was authorized by affirmative vote of a maj company or as provided in the articles of organization	ority of the members of the limited liability
company.	
XT // / / / /	April 3 1998
(Signature of a member or	(Date)
authorized representative of a member) President and Manager	
(Printed or typed name and title)	
Having been named as registered agent and to accept ser	ruice of process for the above stated limited
liability company, I hereby accept the appointment as capacity. I further agree to comply with the provision complete performance of my duties, and I am familiar with as registered agent.	registered agent and agree to act in this s of all statutes relative to the proper and
Chr. Olan	4/23/98
(Signature of Registered Agent)	(Date)

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

FILING FEE: \$35.00

INHS18(3/95)