8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or bothed harbe of registered agent and title I applicable.  FILE NOW!!! FEE IS \$50.00  Make: Check Payable to Department of State  Due By September 26, 2001  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MARC LAMARCHE, CARLOS JULIO  STREET ADDRESS  CITY-ST-ZIP  KISSIMMEE F1 34746  TITLE  MARTINEZ, RAMON ANDRES MORA  103 MASS BLOFF  CITY-ST-ZIP  KISSIMMEE F1 34746  TITLE  MARTINEZ, RAMON ANDRES MORA  103 MASS BLOFF  CITY-ST-ZIP  KISSIMMEE F1 34746  TITLE  MARTINEZ, RAMON ANDRES MORA  103 MASS BLOFF  CITY-ST-ZIP  KISSIMMEE F1 34746  CITY-ST-ZIP	
TOS MASS BLOFF KISSIMMEE FL 34746  L. Principal Place of Business  Mailing Address  100 MASS BLOFF KISSIMMEE FL 34746  L. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  LAMARCHE CARLOS J  103 MOSS BLUFF KISSIMMEE FL 34746  City & State  City &	
INSTRUME FL 34746  INSTRUME FL 3	
SECRETARY OF STATE TALLAHASSEE, FLORIDA  SOURCE, PL. 94746  SUITE, ADI. 4, etc.  SUITE, ADI.	
Suite, Apt. # etc.  Suite, Apt. # etc.  Do Not Writte in this space  City & State  7. Name and Address of New Registered Agent  Name  LAMARCHE, CARLOS J  103 MOSS BLUFF  KISSMMMEE FL 34746  City  FL Zip  City  FL	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  Fee R  6. Name and Address of Current Registered Agent  Name  LAMARCHE, CARLOS J  103 MOSS BLUFF  KISSIMMEE FI. 34746  City  FL  Zip  F	
City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  See Re  6. Name and Address of Current Registered Agent  Name  LAMARCHE, CARLOS J  103 MOSS BLUFF  KISSIMMEE FI. 34746  City  FL  Zip  City  FL  Zip  City  FL  Zip  City  FL  Zip  The above named entity submitted by statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  NATURE  Signalula, hypod or period active or registered agent, or both, in the State of Florida.  MATURE  MANAGING MEMBERS/MANAGERS  TALORIESS  TALO	
D   Country   Zip   Country   S. Conflicate of Status Desired   \$5.00	
D   Country   Zip   Country   S. Conflicate of Status Desired   \$5.00	Applied For
6. Name and Address of Current Registered Agent  VAMARCHE, CARLOS J  103 MOSS BLUFF KISSIMMEE FL 34746  City  FL ZIF  The above named entity submits and suggestation of changing its registered office or registered agent, or both, in the State of Florida.  NATURE  Signature, typed or Agents Parts of registered agent and title agent and title agent and title agent a	Not Applicable
LAMARCHE, CARLOS J  103 MOSS BLUFF KISSIMMEE FL 34746  City FL Zip  The above named entity submits at attement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  NATURE  Signature, typed or pycket plants of registered agent and the if agricable.  FILE NOW!!! FEE IS \$50.00  Make Chack Payable to Department of-State  Due By September 26, 2001  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  STATET ADDRESS	
In address  In add	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    ATURE   Supature, typed or former harms of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)	
TADRESS STAZIP  In a above named entity submits the purpose of changing its registered office or registered agent, or both, in the State of Florida.  INOTE: Registered Apent signature required when remission:    Chote: Registered Apent signature required when remission:	
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MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES    MGRM   LAMARCHE, CARLOS JULIO   TITLE   NAME    STREET ADDRESS   103 MASS BLOFF   KISSIMMEE FL 34746   CITY-ST-ZIP    MGRM   MARTINEZ, RAMON ANDRES MORA   Delete   NAME   NAME    STREET ADDRESS   ST-ZIP   CITY-ST-ZIP    T ADDRESS   T ADDRESS   T ADDRESS   CITY-ST-ZIP    T ADDRESS   T ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    T ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP    T ADDRESS   CITY-ST-ZIP   CITY-ST-ZI	
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hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that ndicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or ma imited liability company or the receiver or tropke empowered to execute this report as required by Chapter 608, Florida Statutes.	io information

STAPLE CHECK HERE