

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS

DOCUMENT # **M12952**

(1)

95 MAY -1 AM 11:35

CERDA ENTERPRISES, INC.

2	2a	3	3a
21	26	03/21/1985	07/22/1994
22	27	59-2584164	Applied Fee Not Applicable
23	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. The corporation has liability for outstanding tax orders 5-1989 (04) Florida Statutes <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
CERDA, GILBERTO 1225 SW 87TH AVE. MIAMI FL 33174		<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td>City</td> </tr> <tr> <td>84</td> <td>State</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83	City	84	State	85	Zip Code
81	Name												
82	Street Address (P.O. Box Number is Not Acceptable)												
83	City												
84	State												
85	Zip Code												

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office as required by Chapter 605, Florida Statutes. The change of office was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation as required by Chapter 605, Florida Statutes.

12. CURRENT AND DIRECT TOLDS	13. ADDRESS CHANGE (SEE INSTRUCTIONS)										
<table border="1"> <tr> <td>NAME</td> <td>D</td> <td>CERDA, GILBERTO</td> <td>1225 SW 87TH AVE.</td> <td>MIAMI FL</td> </tr> </table>	NAME	D	CERDA, GILBERTO	1225 SW 87TH AVE.	MIAMI FL	<table border="1"> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME				
NAME	D	CERDA, GILBERTO	1225 SW 87TH AVE.	MIAMI FL							
NAME											

14. I hereby certify that the information supplied with this filing is voluntarily prepared and filed in full responsibility for the corporation stated in the last 100 days of Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If any change has occurred for the corporation or the reason or failure responded to requires the report as required by Chapter 605, Florida Statutes, and that my name appears on Block 12 of Block 13 of changed or occur attachment with evidence.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95 (305) 436-3332