

FILED  
May 04 1998 8:00am  
Secretary of State

**DOCUMENT # M51942 (4)**  
1. Corporation Name  
A DRAIN ALL, INC.

|                                |  |                     |                 |
|--------------------------------|--|---------------------|-----------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |                 |
| 21                             |  | 2b                  | P.O. Box 970138 |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |                 |
| 22                             |  | 27                  |                 |
| City & State                   |  | City & State        |                 |
| 23                             |  | 28                  | Miami FL        |
| Zip                            |  | Zip                 |                 |
| 24                             |  | 29                  | 33197           |
| Country                        |  | Country             |                 |
| 25                             |  | 30                  |                 |

| 9. Name and Address of Current Registered Agent                               |                          |
|---|--------------------------|
| <b>ESCALONA, MANUEL</b><br><b>14650 SW 73RD LANE</b><br><b>MIAMI FL 33183</b> | <b>81</b> Name           |
|   | <b>82</b> Street Address |
|   | <b>83</b>                |
|   | <b>84</b> City           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to \_\_\_\_\_, without the need to file a certificate of incorporation, articles of amendment, or other documents with the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

| 12. OFFICERS AND DIRECTORS |  | 13.                             |                     |
|----------------------------|--|---------------------------------|---------------------|
| TITLE                      | <b>PD</b><br><b>ESCOLONA, MANUEL</b><br><b>14650 SW 73RD LANE</b><br><b>MIAMI FL 33183</b> | <input type="checkbox"/> DELETE | 1.1 TITLE           |
| NAME                       |  |                                 | 1.2 NAME            |
| STREET ADDRESS             |  |                                 | 1.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 1.4 CITY - ST - ZIP |
| TITLE                      |  | <input type="checkbox"/> DELETE | 2.1 TITLE           |
| NAME                       |  |                                 | 2.2 NAME            |
| STREET ADDRESS             |  |                                 | 2.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 2.4 CITY - ST - ZIP |
| TITLE                      |  | <input type="checkbox"/> DELETE | 3.1 TITLE           |
| NAME                       |  |                                 | 3.2 NAME            |
| STREET ADDRESS             |  |                                 | 3.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 3.4 CITY - ST - ZIP |
| TITLE                      |  | <input type="checkbox"/> DELETE | 4.1 TITLE           |
| NAME                       |  |                                 | 4.2 NAME            |
| STREET ADDRESS             |  |                                 | 4.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 4.4 CITY - ST - ZIP |
| TITLE                      |  | <input type="checkbox"/> DELETE | 5.1 TITLE           |
| NAME                       |  |                                 | 5.2 NAME            |
| STREET ADDRESS             |  |                                 | 5.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 5.4 CITY - ST - ZIP |
| TITLE                      |  | <input type="checkbox"/> DELETE | 6.1 TITLE           |
| NAME                       |  |                                 | 6.2 NAME            |
| STREET ADDRESS             |  |                                 | 6.3 STREET ADDRESS  |
| CITY - ST - ZIP            |  |                                 | 6.4 CITY - ST - ZIP |

DO NOT WRITE IN THIS SPACE

|  |  |             |                |
|--|--|-------------|----------------|
| 3. Date Incorporated or Qualified<br><b>05/12/1987</b>   |  |             |                |
| 4. FEI Number<br><b>65-0036903</b>   | <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For  |  |             |                |
| Not Applicable   |  |             |                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>  |             |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>   |             |                |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |             |                |

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ration submits this statement for the purpose of changing its registered  
n's board of directors. I hereby accept the appointment as registered

when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

[illegible]**SIGNATURE:**

Manuel Escalona

4/22/98 305) 386-6558

CR2E034 (10/97)