

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006869

FILED
Dec 09, 2004
Secretary of State

Entity Name: STEM INTERNATIONAL, INC.

Current Principal Place of Business:

10585 SW 109TH COURT
201
MIAMI, FL 33176

New Principal Place of Business:

5653 MYAKKA AVE.
INTERCESSION CITY, FL 33848

Current Mailing Address:

10585 SW 109TH COURT
201
MIAMI, FL 33176

New Mailing Address:

P.O.BOX 24638 - GCC
WEST PALM BEACH, FL 33416

FEI Number: 59-3747750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUROSERV
10585 SW 109TH COURT
201
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MORISSET, MICHEL
2211 2ND AVE. NORTH
SUITE 11, GCC
LAKE WORTH, FL 33461 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHEL MORISSET

12/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORISESET, MICHEL
Address: 10585 SW 109TH COURT
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: BLAIR, GARY
Address: 1200 RIDGEFIELD BLVD #209
City-St-Zip: ASHVILLE, NC 28806

Title: S () Delete
Name: CHAPPIUS, CLAIRE
Address: 10585 SW 109TH COURT
City-St-Zip: MIAMI, FL 33176

Title: T (X) Delete
Name: JOHNSON, BRUSE
Address: 66 FOREST RD
City-St-Zip: ASHVILLE, NC 28803

Title: D (X) Delete
Name: GILPIN, LYNN
Address: 318 SWEETWATER HILLS DR
City-St-Zip: HENDERSONVILLE, NC 28791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORISSET, MICHEL
Address: P.O.BOX 24638-GCC
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S (X) Change () Addition
Name: CHAPPUIS, CLAIRE M
Address: P.O.BOX 24638 - GCC
City-St-Zip: WEST PALM BEACH, FL 33416

Title: T (X) Change () Addition
Name: MORISSET, HERISSE
Address: 5653 MYAKKA AVE.
City-St-Zip: INTERCESSION CITY, FL 33848

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL MORISSET

PD

12/09/2004

Electronic Signature of Signing Officer or Director

Date