P. O. Bys 570038 Address	10000.	-
DV/applo F/a, 3285 Cit//State/Zip Phone # FVan CSCO Mr Fer, 2431 Aloma Are, Sa Witterfull, Fla. 327 CORPORATION NAME(S) & DOCUM	7-0038 narde 359- July 6 92 Office U	se Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known);
1(Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	SECRETARY TALLARIAN
3(Corporation Name)	(Document #)	PA 1: 58
4. (Corporation Name)	(Document #)	Dri o
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		Certified Copy Exertificate of Status
NEW FILINGS	AMENDMENTS 400	0027762141 -02715/9901144008
Profit Not for Profit Limited Liability Domestication Other	Amendment R signation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	*****35.UU ****35.00 cer/Director
OTHER FILINGS	REGISTRATION/QUALIFI	CATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	FEB 1 8 1999

Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

me unuersigned	corporation organ	ized under the laws of th	e State of FLUKIDA	I508, Florida Statutes,
submits the foll	owing statement in	order to change its regis	stered office or regist	tered agent or both in
the state of Flot	ากก	MIGOS RETIRADOS,		======================================
2. The mailing a	ddress of the corpor	ration is: P.O. BOX 5700	38, ORLANDO, FL	. 32857-0038
3. Date of incor	poration/qualification	01/06/1995 on:	Document numbe	
	address of the curre	ent registered agent and (office:	
1	644 BOULDER CF	EEK COURT		- <u>≣</u> - <u>-</u> 153 99
_	POPKA, FLORID			
5. The name and - - -	Puig, Ly	registered agent and office of the state of	Nue #108	SEE SEE
The street addres agent, as change	s of its registered o	ffice and the street addr	ess of the business of	ffice of its registered
dutionzed by the	anny	elution duly adopted by i		or by an officer so 2- FD-99 (Date)
Having been nan corporation, I he further agree to performance of n registered agent.	(Printed or typed name of the application of the ap	e and title) gent and to accept service pointment as registered of covisions of all statutes of familiar with and accep	re of process for the a agent and agree to a relative to the proper t the obligation of m	above stated ct in this capacity. cand complete y position as
(Signing on behalf	of an entity Age of Printed Name)	nt)	(Date) Plessed	= 10 T
(T)		* * FILING FEE: \$35.0	(Capacity)	

CR2E045(7/97)