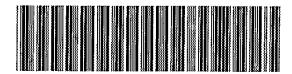
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(Re	equestor's Name)	
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Miami, August 23, 2003

Division of Corporation Tallahassee, Florida

Document #: N96000004101 - Fundacion Manuel Artime Corp.

TO WHOM IT MAY CONCERN:

Enclosed please find documents correcting the Registered Agent address that was entered incorrectly by your office contrary to what the amendment form stated. Please correct documents as indicated.

Sincerely

Luis Arrizurieta Registered Agent 8230 NW 163 Street

Miami Lakes, Florida 33016-6153

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

Pursuant to the	he provisions of sections 607.050	02, 617.0502, 607.1508, or 617.1508, Fl	orida Statutes,
this statement Florida	, ,	oration organized under the laws of the St	•
	in order to change its re	egistered office or registered agent, or bo	th, in the State
<i>of Florida.</i> 1. The name o	of the corporation: Fundacion Man	nuel Artime Corp.	
		ourt, Miami, Florida 33173 (Old Address)	
		W 163 Street, Miami Lakes, Florida 33016-	6153)
		163 Street, Miami Lakes, Florida 33016-615	·
J. THE mannig	g address (if different),		
4. Date of inco	orporation/qualification:08/06/	1996 Document number: N960	000004101
5. The name a Florida Dep	and street address of the current repartment of State:	gistered agent and registered office on file	
	7230 NW 163 Street (error - Street	eet # should be 8230)	100 B
	Hialeah, Florida 33016-6153 (e	rror - city name should be Miami Lakes)	哥哥
6. The name a changed):	and street address of the new re-	eet # should be 8230) error - city name should be Miami Lakes) gistered agent (if changed) and /or regist	ered STEFLI
	Miami Lakes, Florida 33016-61	53	TATE ORUE
	(P.O. Box or perso	mai mailbox NOT acceptable)	P
		he street address of the business office of	
(/	the board, or the corporation has	y adopted by its board of directors or by a been notified in writing of the change. Nilo MESSER VE Difference of typed name and title)	_
I further agree performance of registered age office address,	e to comply with the provisions o	agent and agree to act in this capacity. If all statutes relative to the proper and co with and accept the obligation of my positi If filed merely to reflect a change in the re Institution has been notified in writing of this	omplete on as gistered change.
If signing on bch		Quest 23-1. 20	
	as Arrizurietz (Typed or Printed Name)	Registered Agan	<u>t</u>
	(1)ped or Printed (Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *