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(305)

Daytime Phone #

0002

DOCUMENT # N9700003178 1. Entity Name

GRUPO TEATRAL EL DUENDE, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90009 008 ****61.25

Surfa, April 4, etc. Surfa, April 4, etc. Surfa, April 4, etc. Surfa, April 4, etc. City & State	4820 S.W. 92ND AVENUE MIAMI FL 33165			4820 S.W. 92ND AVENUE MIAMI FL 33165									
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ECHEVERRI, LINA MA T731 SW 138 AVE	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
### Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Projective Fee Pro	City & State	e		City & State				4. FEI Number Applied For]
S. Name and Address of Current Registered Agent FLE NOW: FEE IS \$51.25 OFFICIENS AND DIRECTORS Trust Fund Contribution Trust Fund Contribution	Zip		Country	7in Co		untry							
ECHEVERRI, LINA MA 7731 SW 138 AVE Street Address P.O. Box Number is Not Acceptable	μ		<u> </u>				. سے .	5. Certificate of Status Desired					
ECHEVERRI, LINA MA 7731 SW 136 AVE MIAMI FL 33133 Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code C		6. Name	and Address of Current F	· · · · · · · · · · · · · · · · · · ·				7. Name and Address of New Registered Agent					
ELFEROMAN FL 33133 City FL Zip Code						Name							
AMAMI FL 33183 City FL Zip Code City FL Zip Code 6. The above named onary submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SUPPLIES SELECTOR Committee of the purpose of changing its registered agent, or both, in the state of Florida. FILE NOW: FILE NOW: FILE NOW: FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 9. Electron Committee of Transford Financing Added to Fees Department of State D			Α			Street Address (P.O. Box Number is Not Acceptable)]
EXP Code 8. 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													l
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SIGNATURE Signature, lipod or protect name of regionates agent and like 1 acolocable. NOTE Regionates Agent dignature recursed within reportation; DATE	8 The above	named entit	v submits this statement for	the purpose of changing its	register	 red office or	register	red agent, or bot	h, in the state of Flor	rida.			1
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ELECTOTED V. RAUL ESRCIA HUERTA OI/OZ/OI

Date