DOCUMENT # P0000001731						May 19, 2002 8:00 am Secretary of State		
I."Entity N SERVIC , INC.			FORMADORES C.	A. (USA			002 90022 001 ***	
055 W. 2	lace of Business 9TH STREET		Mailing Address 1055 W. 29TH STREET					
#1 HIALEAH FL 33012		#1 HIALEAH FL 33012			) HARVIARI ()) ARVI( RAV) (	Diri ofici ofici and a said a said in	t idden tildt tildt teat	
	I Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SPACE	(a mater	
Zip	<u> </u>		City & State		4.	FEI Number	0972664	Applied For Not Applicabl
<u> </u>		Address of Current F		Country		Certificate of Status Desi	Fee Re	5 Additional equired
6. Name and Address of Current Registered Agent			Name	7.	Name and Address of N	lew Registered Agent		
ILLA, RICHARD C 1055 WEST 29TH STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
#1 HIALEAH FL 33012			City			FL Zip	Code	
The abov	o pomod optitu sub							
	e nameo entity subi	mits this statement for	the purpose of changing its	s registered office or re	gistered ag	gent, or both, in the State	of Florida.	
GNATURE	Signature, typed or printe	ed name of registered agent and	d lille if applicable. (NOT	TE: Registered Agent signature r			of Florida.	······
GNATURE This corp Tax filing (See crite	Signature, typed or printe	ed name of registered agent and o satisfy its Intangible ects to do so.	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat		equired when r		DATE	5.00 May Be dded to Fees
GNATURE This corp Tax filing	Signature, typed or print poration is eligible to requirement and eleria on back)	ed name of registered agent and o satisfy its Intangible ects to do so.	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat IRECTORS	TE: Registered Agent signature r III FEE IS \$150.00 02 Fee will be \$550 ble to Department of 12.	equired when re .00 State	einstating) 10. Election Campaig	DATE	dded to Fees
GNATURE This corp Tax filing (See crite	Signature, typed or print poration is eligible to requirement and ele eria on back) PD HEIBER, ISRAEL	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI OFFICERS AND DI	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat	TE: Registered Agent signature r III FEE IS \$150.00 V02 Fee will be \$550 ble to Department of	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE	dded to Fees
GNATURE This corp Tax filing (See crite E E E E ST-ZIP E E	Signature, typed or printe portation is eligible to requirement and el- aria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI OFFICERS AND DI L L POINT, #1606 33180	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat IRECTORS	TE: Registered Agent signature i III FEE IS \$150.00 202 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE	dded to Fees
GNATURE This corp Tax filing (See crite E E E E E E	Signature, typed or printe portation is eligible to requirement and ele aria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payak IRECTORS Delete	TE: Registered Agent signature r III FEE IS \$150.00 NO2 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE	dded to Fees
GNATURE This corp Tax filing (See crite E E E E E E T ADDRESS ST-ZIP E E T ADDRESS E T ADDRESS	Signature, typed or printe poration is eligible to requirement and ele- eria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO 19195 MYSTIC I AVENTURA FL 3	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606 33180 E L POINT, #1606	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payak IRECTORS	TE: Registered Agent signature i III FEE IS \$150.00 202 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE	dded to Fees
GNATURE This corp Tax filing (See crite E E E E E E E E ADDRESS ST-ZIP E E E T ADDRESS ST-ZIP E E E T ADDRESS	Signature. typed or printe poration is eligible to requirement and ele- eria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO 19195 MYSTIC I AVENTURA FL 3 SD HEIBER, HAYDEL 19195 MYSTIC F	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606 33180 E L POINT, #1606	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payak IRECTORS Delete	TE: Registered Agent signature r III FEE IS \$150.00 NO2 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE  In Financing Soution.  OFFICERS AND DIREC  Chai  Chai	dded to Fees
GNATURE This corp Tax filing (See crite E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	Signature. typed or printe poration is eligible to requirement and ele- eria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO 19195 MYSTIC I AVENTURA FL 3 SD HEIBER, HAYDEL 19195 MYSTIC F	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606 33180 E L POINT, #1606	d title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payat IRECTORS Delete	TE: Registered Agent signature of 111 FEE IS \$150.00 102 Fee will be \$550 100 Department of 12. 117LE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE  In Financing Dution.  OFFICERS AND DIREC  Char  Char  Char  Char	dded to Fees
SNATURE This corp Tax filing (See crite E E E E E T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Signature. typed or printe poration is eligible to requirement and ele- eria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO 19195 MYSTIC I AVENTURA FL 3 SD HEIBER, HAYDEL 19195 MYSTIC F	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606 33180 E L POINT, #1606	d tille if applicable. (NOT FILE NOW! After May 1, 20 Make Check Payat IRECTORS Delete Delete	TE: Registered Agent signature r III FEE IS \$150.00 NO2 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE  In Financing Sution.  OFFICERS AND DIREC  Chan  Chan  Chan	dded to Fees
GNATURE This corp Tax filing (See crite E E E E E T ADDRESS ST-ZIP E T ADDRESS ST-ZIP E T ADDRESS ST-ZIP	Signature. typed or printe poration is eligible to requirement and ele- eria on back) PD HEIBER, ISRAEL 19195 MYSTIC I AVENTURA FL 3 VD HEIBER, DARIO 19195 MYSTIC I AVENTURA FL 3 SD HEIBER, HAYDEL 19195 MYSTIC F	ed name of registered agent and o satisfy its Intangible ects to do so. OFFICERS AND DI L L POINT, #1606 33180 R POINT, #1606 33180 E L POINT, #1606	d tille if applicable. (NOT FILE NOW! After May 1, 20 Make Check Payat IRECTORS Delete Delete	TE: Registered Agent signature r III FEE IS \$150.00 NO2 Fee will be \$550 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	equired when re .00 State	einstating) <b>10.</b> Election Campaig Trust Fund Contrit	DATE  In Financing Sution.  OFFICERS AND DIREC  Chan  Chan  Chan	dded to Fees       FORS IN 11       nge     Addition       nge     Addition       ge     Addition       ge     Addition       ge     Addition

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE ATLANTA GA 39901

SERVICIO VENEZOLAND DE

85 GRAND CANAL DR 310 MIAMI FL 33144

<u>a</u>

TRANSFORMADDRES C A USA INC

ł.

-Chmean DATE OF THIS NOTICE: 01-21-2000 NUMBER OF THIS NOTICE: CP 575 A EMPLOYER IDENTIFICATION NUMBER: 65-0972664 FORM: SS-4 0716932302 B

# Polosoo44637

# PUGGOODO 1731 FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS Shown at the top left.

IF YOU WRITE, ATTACH THE Stub of this notice.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN).

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0972664. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be

Based on the information shown on your Form SS-4, you must file the following

forms(s) by the date we show.

Form	941	
	orm 1120	04/30/2000
Form		03/15/2001
	2.40	01/31/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 02-07-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed. We

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may \_\_\_\_\_\_call us at 1-800-829-1040 or write to us at the address shown above.\_\_\_\_\_

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 0uestions.