CR2E031(10/92)

## P000000023804

CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC.		FILE FILE
(Requestor's Name) 1406 Hays Street, Suite 2		
(Address) Tallahassee, FL 32301 (904) 656-3992	OFFICE USE ONLY	20.30
(City, State, Zip) (Phone #)		77

800003320778--0 -07/12/00--01033--016 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

CORPORATION NAM	IE(S) & DOCUMENT NUMBER(S) (if known):
1. Ferragamo	LATIN AMERICA, INC. POB-23804
2. (Corpora	ion Name) (Document #)
3. (Corpora	ion Name) (Document #)
	tion Name) (Document #)
	Will wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	X Change of Registered Agent 07-12-00
Domestication	Dissolution/Withdrawal
Other	Merger AASSA
	REGISTRATION/ OUALIFICATION Foreign
OTHER FILINGS	REGISTRATION SO TO THE OUTLINE TO THE OUT
Annual Report	Foreign Foreign
Fictitious Name	Foreign  Limited Partnership  Control  Control
Name Reservation	Reinstatement
	Trademark Trademark
	Other Examiner's Initials

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the I	provisions of sections 60	7.0502, 617.0502, 607	7.1508, or 617.1508, F	lorida Statutes,
	corporation organized un wing statement in order t	o change its registered	l office or registered a	gent, or both, in
the State of Flori	da. ne corporation is:	FERRAGAMO LATI	N AMERICA, INC.	
1. The mails of a				
2. The mailing a	ddress of the corporation	is: 1101 Br	ickell Avenue,	Suite 702
		<u>Miami,</u>	FL 33131	
3. Date of incor	poration/qualification:	March 8, 2000	Document number:	
4. The name and	l address of the current re	gistered agent and offi	ce:	
	United Corpo	orate Services,	Inc.	SEGR ALLA
•	9200 South I	adeland Bouleva	ard, Suite 508	
5 The name an	Miami, FL daddress of the new regi	33156 stered agent and office	(P. O. Box Not Accep	MARCH 20 CO
J. The harre an	DIEGO STECCHI			TATE ORIDA
		ll Avenue, Suit	e 702	A
	Micmi TI	22121		
The street add	ress of its registered offic	ce and the street addres	ss of the business offic	e of its registered
Such change v authorized by	vas authorized by resolut	ion duly adopted by its	s boald or directors or	<b>o</b> y
	( _		6/27/ (Da	
(Signator	e of an officer, chairman or vice	chairman of the board)	(L)a	(e)
DIE	$_{ m 50}^{\prime}$ STECCHI PRESI	DENT/DIRECTOR		
	(Printed or typed name a	nd title)		J
neriorinalice i	named as registered ages hereby accept the appo- e to comply with the pro- of my duties, and I am fa	nt and to accept servic intment as registered o visions of all statutes t imiliar with and accep	e of process for the ab- igent and agree to act elative to the proper a t the obligation of my f	ove stated in this capacity. nd complete position as
registered ag	ent.		6/27/00	
	(Signature of Registered Agent	)	(Date)	
If signing on be	half of an entity: SO STECCHI	I	PRESIDENT/DIRECT	FOR
	(Typed or Printed Name)		(Capacity)	
		* FILING FEE: \$35.	00 * * *	
CR2E045(7/97)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee FL 3	.2314