NUEL E. E.	COBAR			
ACCOUNTANT 4420 S.W. 77th AVENUE DAVIE, FLORIDA 33328 Bus. Ph. (305) 474-5425 Fax (305) 370-2146				-
City/State/Zip	Phone #		- 4	
Grifi Guild Zip				
		Off	ice Use Only	
CORPORATION NAME	(S) & DOCUMENT	NUMBER(S), (if kno	own):	
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NEW FILINGS	<u>A</u>	MENDMENTS	<u>.</u> -	
Profit		Amendment	Office Director	
		Resignation of R.A., Change of Registere	d Agant 5	
Not for Profit				California
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of \underline{FLOR} \underline{DA} submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : HONDURAS KAG, CO.

2. The mailing address of the corporation: 1511EAST 114hAUENUE

3. Date of incorporation/qualification: _____MAV_8, 2000_Document number: P00000045629

4. The name and address of the current registered agent and office:

JUANA T 703 SW 100 COURT CIRCLE MIAMÍL FLORISA -33174

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

Luis JORGE MIRANO 33110

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was duthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

ure of an officer an or vice chairman of the board) (Sign) 1/17AND

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this expacise I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position of registered agent.

(Signature of Registered Agent) (Signature of Registered Agent) If signing on behalf of an entity! (Date) (Da

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314