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SECRETARY OF STATE DIVISION OF CORPORATIONS

PS 2/10/04

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: Carton International | Corporation Name of Corporation) |
| DOCUMENT NUMBER: P00000065 | 356 |
| | stered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| Jose Maria | a Carneiro da Cunha |
| | Name of Contact Person) |
| Intl. Law Offices (| Carneiro da Cunha (Firm/Company) |
| 1900 SW 3rd.Aven | (Address) |
| Miami, Fl. 33129 | City/State and Zip Code) |
| For further information concerning this mat | ter, please call: |
| Jose Maria Carneiro da Cunha (Name of Contact Person) | at (305) 8581099 # 202 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to | the Department of State. |
| Mailing Address: Amendment Secti Division of Corp. P.O. Box 6327 Tallahassee, FL 3 | orations Division of Corporations Clifton Building |

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

| statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| The name of the corporation: Carton International Corporation |
| 2. The principal office address: 901 Ponce de Leon Blvd. suite 603 Coral Gables, 33134 |
| |
| 3. The mailing address (if different): 1900 SW 3rd.Avenue |
| Miami, Fl. 33129 |
| 4. Date of incorporation/qualification: 07/06/2000 Document number: P00000065356 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Albornoz, William H. Esq. |
| 901 Ponce de Leon Blvd. suite 603 |
| Coral Gables, Fl. 33134 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jose Maria Carneiro da Cunha 1900 SW 3rd. Avenue |
| 1900 SW 3rd. Avenue |
| 1900 SVV 3rd. Avenue (P.O. Box NOT acceptable) Miami, Fl. 33129 |
| Miami, Fl. 33129 |
| 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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| (Signature of an officer or director) Paolo D. Passeri (Printed or typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. 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 as registered agent. Or, if this document is being filed metely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |

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

(Typed or Printed Name)