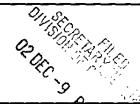
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(Address)									
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V SHEPARD DEC 1 / 2002

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: WESTON IMPEX INC (Name of corporation)
DOCU	UMENT NUMBER: 700 0000 75872
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
	SZABO LASZLO (Name of person)
	(Name of firm/company)
	1277 HAJESTIC TERR (Address)
	WESTON FL 33327 (City/state and zip code)
For fur	rther information concerning this matter, please call:
S21	(Name of person) at (954) 646 - 1693 (Area code & daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Department of State.
Amend Divisio P.O. Bo	Address: Idment Section In on of Corporations ox 6327 Assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the	-	-							tutes,
this statement of		-	-	_			-	•	Ω .
of Florida.	in orac	er to change	*		•		geni, or bo	nn, in ine	State
1. The name of	the corporation	on:\	WESTO	H	IMPE	ΞX,	1HC.		<u>૱</u> ૾
2. The principal	l office addres	ss: 117'	AM P	JEST	ic.	TERR	<u>.</u>		W.
	IF NO		}		-		, je		
3. The mailing	- 3-2		18000	VQ.	1 7	AVE			· .
MAMI	17	39160)			<u> </u>			
4. Date of incom	poration/qual	ification:	8/3/00)	Docun	nent num	ber: <u>700</u>	0000	1885
5. The name an	d street addres		rent register	ed agent	and regi	istered of	fice on file	e with the	
rionaa Depa	0 <i>8</i> 4 <i>S</i> 2		ro	<u>-</u> -					
	2124 1	1E 123	72	#2	60.		***	- -	
	N. HiA	IF im							
6. The name a	nd street addr	ess of the n		ed agent	(if char	nged) an	d ∕or regis	tered offi	ce (if
changed):	52480	LAS	2 <i>L</i> 0	<u>.</u>			~		
	1277	MAJE							
	VESTO	17 UC	or personal mail		ceptable)			_	
The street addragent, as chang	ess of its regis	stered office entical.	and the stre	eet addre	ess of the	e busines	ss office o	f its regist	ered
Such change wauthorized by	as authorized he board, or ti	by resolution he corporation	on duly ador on has been						so
(Signature of an office	r, chairman or vice o	chairman of the bo	pard)	524	(Printed o	LAS2 or typed name		RES.	
I hereby accept I further agree performance of registered ager office address,	t the appointn to comply wit f my duties, an it. Or, if this I hereby conf	nent as regis th the provis nd I am fami document is irm that the	tered agent ions of all s iliar with an being filed corporation	and agretatutes residuacept merely to has been	ee to ac relative i t the obl to reflec en notifi	et in this e to the pro- ligation of t a chang ed in wri	capacity. oper and co of my posit ge in the re ting of thi	complete tion as egistered s change.	
" /s	19-5			=		12-3			
`	Signature of Register	red Agent)		. 		(Date)			•
If signing on beha	ir of an entity:								
(Typed or Printed Na	me)	 -		 	(Capacity)	_		•
		***F	ILING FE	E: \$35.0	0 * * *				