

FILED
May 29, 2001 8:00 am
Secretary of State

DOCUMENT # P0000058247
1. Entity Name
HILDA WERTH, INC.

Principal Place of Business	Mailing Address
2200 GLADES ROAD SUITE 405 BOCA RATON, FL 33431	2200 GLADES ROAD SUITE 405 BOCA RATON, FL 33431

2. Principal Place of Business 2846 187th Ave Suite, Apt. #, etc.	3. Mailing Address 2200 W. Gladys Rd Suite, Apt. #, etc. 405
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City & State N. Miami, FL		City & State Boca Raton, FL	
Zip 33180	Country DADE	Zip 33431	Country Palm Beach

4. FEI Number 65-1057138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M+W Agents INC
2101 CORPORATE BLVD STE 107
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name H. DANIEL GILBERT	
Street Address (P.O. Box Number is Not Acceptable) 10288 SUNSET BEND DR	
City Boca Raton FL	FL, Zip Code 33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE H. DANIEL GILBERT [Signature] 5-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. Make Check Payable to Department of State	10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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[illegible]

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/23/01 561-368 9660

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)