1	OCUI Entity Nam	MÉNT	# P00000	110999				Sa FII	ED	- 6D	
:	•	SERVICES	INC					SECRETAR DIVISION OF (Y OF ST	ATIONS	
1							_	01 SEP -7			
Principal Place of Business 729 WALDEN CIR. APT 164 PRIANDO FL 32811			S	Mailing Address 4729 Walden Cir. Apt 164 Orlando Fl. 32811				UI JLI /			
				-				1 (401)(00) SH 1030 00)(1 00)(1 10)	BERRAMAN MAN		18 1811 18 1 1
2	Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address							
-				Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS S	SPACE		
-				City & State			4. FEI Number Applied For				
:	Zip		Country	Zip	Coun	try	5.0	ertificate of Status Desired		\$8.75 Add	
1		6. Name	and Address of Currer	nt Registered Agent		I		ame and Address of New f		Fee Require Agent	ed
i				ath.		Name	•				`
-		Corral, e Walden C	lias Jr. apt 164			Street Addres	ss (P.O. Bo	ox Number is Not Acceptable	le)		
		NDO FL 32	•							-	
ì	•					City	Zip Code				
1						,			FL	. 1	
8	The above	e named entit	y submits this statement	for the purpose of changing	its registere	·	stered age	nt, or both, in the State of Fl		<u> </u>	
		e named entit	y submits this statement	for the purpose of changing	its registere	·	stered age	nt, or both, in the State of Fl		1	
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SIGNATURE:

(301) F)/-0889

5701 NW 36th ST Virginia Gardens, FL 33166 PH 871-0889 FAX 870-9623

Barinas & Associates Inc.

IRS ENROLLED AGENT

September 5, 2001 Miami, Florida

Department of State Division of Corporation P.O. BOX 6327 Tallahassee, Florida 32399 Attn: Andy Dunlap

Distinguished Sir:

I hope that when you receive this letter that you are doing well. I am sending to your attention and for your consideration a copy of the annual report for Careli Services, Inc., which is properly signed by the registered agent and was sent to your office on April 2, 2001. I am also sending to your attention another check for \$150.00 replacing the one that was misplaced.

Should you require any further information in this regard, please do not hesitate to contact me.

We thank you very much for your courtesy.

Very traly yours