## FOR PROFIT CORPORATION

U	NIFORM BUSINE	May 21, 2002 8:00 am								
DOCUMENT # POODOD 112566  1. Entity Name						Secretary of State 05-21-2002 91164 034 ***150.00				
QUE	LINDO'S USA, II	nc /	\							
<b>_</b>	DO NOT WRITE	IN THIS S	PAC	E						
2. Principal Place of Business		3. Mailing Address 1290 Weston Rd			4					
Suite, Apt. #, etc. Swite 306 -		Suite, Apt. #, etc. Suite 306,			DO NOT WRITE IN THIS SPACE					
City & State, PL		City & State & Cueston &			4. FEI Number	5-1066	592	Applied For Not Applicable		
<sup>Zip</sup> 3332	Country U A	Zip 33326	Count		5. Certificate of	Status Desired		3.75 Additional e Required		
				Nome of C	7. Name and Ad	dress of Curre	nt Registered A	gent	_	
DO NOT WRITE				Name 6 6	s Con	r Sult	auts			
				Street Address (	(P.O. Box Number i	s Not Acceptat	Buite	306		
	IN THIS SP	ACE								
				City Was	Ton		FL	Zip Code 3 3 326	7	
3. The above	named entity submits this statement for	the purpose of changing its	s registere	d office or register	red agent, or both,	in the State of I	Florida.			
SIGNATURE (	Mary Duffined  Signature, typed or printed name of rigistered agenda	The Hand (	7. J	CAZ Agent signature required	d when reinstating)		05/0/	102		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - I After May Amende Make Check Paya	y 1, Fee is ed UBR is	s \$550.00 s \$61.25	Trust	ion Campaign I Fund Contribut		\$5.00 May Be Added to Fees		
11.	OFFICERS AND I								┦╒	
ITLE NAME	PSTD Hartinez Blanc 1290 wester Rd	a.T. 300	TITLE	1				,	ZE034B (12/01)	
STREET ADDRESS	1290 westen Kd	su 16 506		ET ADDRESS					4B	
CITY-ST-ZIP	Weston, the 33.	326.	CITY-	ST-ZIP			<del> </del>		- 18	
TILE NAMÉ			NAME						18	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			TITLE	ST-ZIP					<u>-</u>	
IAME		_	NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	DC	) NOT	WRIT	Έ	1	
TILE			TITLE						1	
IAME			NAME	1	IN THIS SPACE					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				•		
TITLE			TITLE							
NAME			NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP			ı	ST-ZIP						
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NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
	and the state of t	All I dillian alama and assaults de		mation stated in Co	ootion 110 07(2)(i)	Clarida Statuta	n I further cortifu	that the information	7	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MAN

LYALLA XYO'LLLE SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #