## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

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COR REIN	PORTION AND THE PROPERTY OF TH	FLORIDA D Se DIVISIO	03 FEBIL AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Corporation	IMENT# ion Name BBEAN OCEAN SAL	LES, CORP.	02706/0	01190 3-01026-0	30 <b>05</b> 13 **500.00		
	Office Address N.W. 79th AVE	3. Mailing Office SAME	ice Address	1			
Suite, Apt. #,	etc.	Suite, Apt. #, et	tc.	4. Date Incorpora	ated or Qualified		
City & State MIAM	I, FL	City & State			1		
Zip	6 Country DADE	Zip	Country	6	F STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
1		7. Nr	ame and Address of Current Register	ered Agent			
	Name ADELINA ESTRELLA - YORDAN						
	Street Address (P.O. Box N	Number is Not Acceptable)		<del></del>			
, :	8575 N . Suite, Apt. #, Etc.	.W. 79th AVE		<u></u>			
	City MIAMI	- 9			State Zip Code 33166		
8. 1, being	appointed the registered age	ent of the above named corpor	oration, am familiar with and accept the o	obligations of section	607.0505 or 617.050	3, F.S.	
Signature of Registered	of Can	Attached REGISTERED AGE	<u></u>		31/03		
9. Names	and Street Addresses of Ear	uch Officer and/or Director (Flo	orida nonprofit corporations must list at l	least 3 directors)			
Titles	Nam	Name of Street Address of Ea Officers and/or Directors Officer and/or Directors		ach	th City / State / Zin		
PRES. TRES. SEC	ADELINA ESTRELLA - YORDAN 5769 N.W. 99th AV			]	MIAMI, FL 33178		
			-		\ha	<u> </u>	
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: William

:4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- YORDAN

01/31/03

(305) 885-8008

Date

Daytime Phone #

R2E081 (10/02)



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

this statement o	f change is submitted for	a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of
FLORIDA	in order to chang	e its registei	red office or registered agent, or both, in the State
of Florida.  1. The name of	the corporation:CAF	IBBEAN OC	CEAN SALES, CORP.
2 The principal	office address: 857	75 N.W. 79	9th AVE
2. The principal		MI, FL 3	33166
3. The mailing	address (if different):	same	as above
4. Date of incom	rporation/qualification: _J	ANUARY 11	1, 2001 Document number: P01000004670
	nd street address of the cu	rrent register	red agent and registered office on file with the
r	FRANCI	SCA SANCH	EZ
	10112	N.W. 87th	court
	MEDLEY	, FL 33	178–1346
6. The name a changed):			ered agent (if changed) and /or registered office (if
		I.W. 79th	AVE ailbox NOT acceptable)
		FL 3316	
The street add	ress of its registered offiged will be identical.	ce and the st	treet address of the business office of its registered
Such change v authorized by	vas authorized by resolut the board, or the corpora	ion duly add tion has bee	opted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an office	g, chairman or vice chairman of the	board)	ADELINA ESTRELLA - YORDAN (Printed or typed name and title)
I hereby accep I further agree performance c	of the appointment as reg to comply with the prov of my duties, and I am for	gistered ager visions of all miliar with d	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as ed merely to reflect a change in the registered ion has been notified in writing of this change.
	Signature of Registered Agent)	<u></u>	JANUARY 31, 2003 (Date)
If signing on beh	alf of an entity:		
	(Typed or Printed Name)	<del></del>	(Capacity)

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



## Caribbean Ocean Sales, Corp.

January 31, 2003

Florida Dept. of State Division of Corporations Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

REF: CARIBBEAN OCEAN SALES, CORP.

Please be advise that when our accountant, Mr. Manuel Dotel filed for the incorporation of this company, he stated a wrong address. The address printed was the same for the registered agent and for the officers.

If you can find copy of our IRS form that has always had the correct address. It is for this reason, we never received any mailings. Please find check for the total of \$300.00 to cover both years.

We are also including another fee of \$35.00 to change the registerd agent/officer and the correct address.

Thanks for all your assistance over the phone and for your cooperation. We await your soonest reply.

Regards,

CARIBBEAN OCEAN SALES, CORP.

Millen JA. Adelina Yardan