

PD10000031242

GANEN ENTERPRISES, INC.
PH. 305-895-3799 12895 W. DIXIE HWY.
NORTH MIAMI, FL 33161

100006407391--8
-07/15/02--01061--023
*****35.00 *****35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/15/02
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Change
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : INSURANCE CENTER OF MIAMI CORPORATION
2. The mailing address of the corporation : 5303 N.E 2ND AVENUE MIAMI FLORIDA 33137
3. Date of incorporation/qualification: 3.23-01 Document number: PO1000031242
4. The name and address of the current registered agent and office:

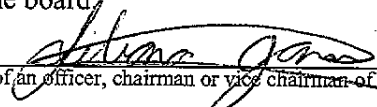
CHRISTINA SOSA
1954 N.E 163rd Street
N. MIAMI BEACH FL 33160

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

MARIA MARTINEZ
12895 W. DIXIE HWY.
N. MIAMI FL 33161

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

7.3.02
(Date)

LILIANA GANEM Secretary.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

7.3.02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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