


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P01000070623 |  |
| 1. Entity Name AMAZONAS H.S. CORP. | |

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| Principal Place of Business 820 EUCLID AVENUE SUITE #301 MIAMI BEACH, FL 33139 | Mailing Address 820 EUCLID AVENUE SUITE #301 MIAMI BEACH, FL 33139 |
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|---|---|
| 2. Principal Place of Business 2312 SE 24 AVE | 3. Mailing Address 2312 SE 24 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

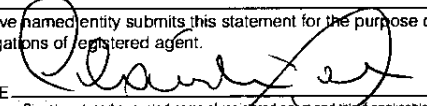
| | |
|-------------------------------------|-------------------------------------|
| City & State HOMESTEAD FL | City & State HOMESTEAD FL |
| Zip 33035 | Zip 33035 |
| Country US | Country US |

10212004 REIN-P CR2E098 (6/04)

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| 4. FEI Number 65-1125639 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent DE OLIVEIRA, CLAUDIO S 915 NW 1ST AVENUE APT #H1509 MIAMI, FL 33136 | |
|---|--|

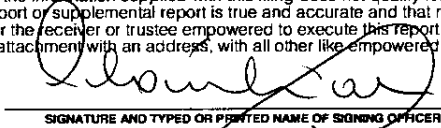
| | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 10-25-2004 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE OLIVEIRA, CLAUDIO S 915 NW 1ST AVENUE #H1509 MIAMI, FL 33136 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE OLIVEIRA, MARIA E. 915 NW 1ST AVENUE #H1509 MIAMI, FL 33136 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500042313335 10/29/04--01049--012 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  | DATE 10-25-2004 DAYTIME PHONE # 305-5192438 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

FILED
04 OCT 29 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

