Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000017093 4)))

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : 12000000082 Phone

: (305)871-0889

Fax Number

: (305)870-9623

REGISTERED AGENT CHANGE

FOMA INTERNATIONAL INC

Certificate of Status 0

Certified Copy®

Page Count

Estimated Charge \$35.00 RAChange 01/22/02 De

January 18, 2002

FOMA INTERNATIONAL INC 8820 FOUNTAINBLEU BLVD STE 104 MIAMI, FL 33172

SUBJECT: FOMA INTERNATIONAL INC

REF: P01000086081

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H02000017093 Letter Number: 502A00002754 January 18, 2002

FOMA INTERNATIONAL INC 8820 FOUNTAINBLEU BLVD STE 104 MIAMI, FL 33172

SUBJECT: FOMA INTERNATIONAL INC

REF: P01000086081

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Corporate Specialist

FAX Aud. #: H02000017093 Letter Number: 802A00002863

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 ofFLORIDA	
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: FOMA INTERNATIONAL INC	
2. The mailing address of the corporation: 1756 N. BAYSHORE DR. APT, #21D	
MIAMI, FL 33132	
3. Date of incorporation/qualification: <u>08/30/01</u> Document number: <u>P01000086081</u>	
4. The name and address of the current registered agent and office:	
VOSE MACIEL	
SE MACIEL SS 20 FOUNTAIN BLOW BLVD STE 104 MIAM: FL 33/72 The name and address of the new registered event (if changed) and/or registered office (if changed):	
MIAN. F1 33172	-
the second and second to the s	
(P. O. Box Not Acceptable)	
ARLOS E. FONSECA	ZV.S
1756 N. BAYSHORE DR. AFF#21D MIAMI, FL 33/39 The street address of its requisitated office and the second of the	SEC
MIAMI, FL 33/32	8277
gent, as changed, will be identical.	CORP
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.	OF STA RPORAT
(Signature of an officer, chairman or vice chairman of the board) (Date)	SE.
(Signature of an officer, chairman or vice chairman of the board) (Date)	S
CARLOS FONSECA, PRESIDENT	
(Printed or typed name and title) Inving been named as registered agent and to accept service of process for the above stated or proporation, I hereby accept the appointment as registered agent and agree to act in this capacity. For the agree to comply with the provisions of all statutes relative to the proper and complete or formance of my duties, and I am familiar with and accept the obligation of my position as a sistered agent.	
(Signature of Registered Agent) (Date) (17/07	
signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FIT INC PPP. 925 00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSIL, FL 32314