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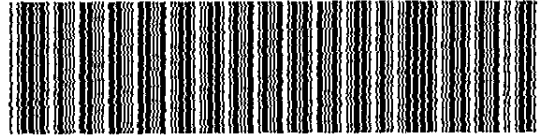
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LABORDE PROPERTIES, INC.
(Name of corporation)

DOCUMENT NUMBER: PO 2000 75617

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YAMILA LABORDE
(Name of person)

LABORDE PROPERTIES, INC.
(Name of firm/company)

5410 S.W. 87 AVENUE
(Address)

MIAMI, FLORIDA 33165
(City/state and zip code)

For further information concerning this matter, please call:

YAMILA LABORDE at (305) 279-3941
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

