

P03000069965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

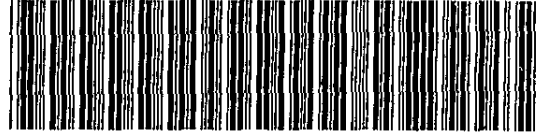
(Business Entity Name)

(Document Number)

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04 DEC - 1 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend C  
TSK/07/04

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** APPAREL LOGISTICS INC.

**DOCUMENT NUMBER:** P03000069965

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL A. LESCANO  
(Name of Contact Person)

FULL PACKAGE LOGISTICS INC.  
(Firm/ Company)

1890 N.W. 82 AVE SUITE 101  
(Address)

MIAMI, FLORIDA 33126  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MANUEL A. LESCANO at ( 305 ) 593-9196  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

APPAREL LOGISTICS INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P03000069965

(Document number of corporation (if known))

04 DEC - 1 PM 3: 32  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

FULL PACKAGE LOGISTICS INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ADDRESS CHANGE TO: 1890 N.W. 82 AVE

SUITE 101

MIAMI, FLORIDA 33126

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 12-6-04

Effective date if applicable: 12-6-04  
(no more than 90 days after amendment file date)

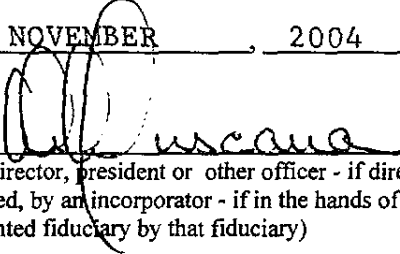
Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 24 day of NOVEMBER, 2004.

Signature   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MANUEL A. LESCANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**

**Manuel A. Lescano**  
**15994 S.W. 15<sup>th</sup> Street**  
**Pembroke Pines, Florida 33027**

**AFFIDAVIT**

November 24<sup>th</sup>, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Dissolution of Full Package Logistics Inc.

To Whom It May Concern:

The affidavit is to certify that I have no intention of revoking the dissolution of Full Package Logistics Inc. within the time period allowed.

If you have any questions, please do not hesitate to contact me at the above address or at 305-206-5358.

Sincerely,

  
Manuel A. Lescano