P0400085941

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
•		-
		
Special instructions to	Filing Officer:	





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06/21/04--01073--013 **35.00

OH JUN 21 AM 9: 24
TALLAHASSEE, FLORIDA

1/5 6/30/04 Amens

TRANSMITTAL LETTER

- TO: Amendment Section Division of Corporations

SUBJECT: CHAN	IGE OF BUSINESS AND MAILI	NG ADDRESS FOR THE CORPO	RATION
DOCUMENT NU	MBER: P04000085941		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
JUA	N SANTAELLA		
	(Na	me of Person)	
PAS	AN INVESTMENT, INC.		
	(Name o	of Firm/ Company)	·
2310	W WATERS AV STE D		
		(Address)	
TAM	PA FL 33604 (City/ St	ate/ and Zip Code)	
For further inform	ation concerning this matter,		
JUAN SANTAELLA		at (<u>813</u>) <u>849-2878</u>	
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount:		
Ø \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment to Articles of Incorporation of

FILED

04 JUN 21 AM 9: 24

ALLAHASSEE. FLORIDA

CARIBBEAN SALT, CO.

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

P0400085941
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
NONE
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
CHANGE ARTICLE II OF ARTICLES OF INCORPORATION BY UPDATING THE BUSINESS
AND MAILING ADDRESS OF THE CORPORATION AS FOLLOW:
2310 W WATERS AV, SUITE D, TAMPA FL 33604-2757
NO FURTHER CHANGES.
(Attach additional pages if necessary)
(Attach additional pages it 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)

(continued)

The date of each amendment(s) adoption: JUNE 15, 2004
Effective date if applicable:
(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 17 day of JUNE 2004
(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)
MIGUEL TSOUKATOS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)



POWER OF ATTORNEY and Declaration of Representative

PART 1 - POWER OF ATTORNEY				
1. TAXPAYER INFORMATION (Taxpayer(s) m	ust sign and date thi	s form on Page 2,	Part I, Section	ion 8)
TAXPAYER NAME(S) AND ADDRESS (Please Type or Pr		TAXPAYER IDENT (SSN, FE	FICATION NO	
CARIBBEAN SALT, CO.	D	20-1218	555	
2310 W Waters Av Ste	<i>D</i>			DAYTIME TELEPHONE NUMBER
Tampa FL 33604				(813)849-2878
Hereby appoint(s) the following representative	e(s) as attorney(s)	i-in-fact:		
2. REPRESENTATIVE(S) (Each representative	must be listed indivi	idually, and must si	gn and date	e this form on Page 2, Part II)
NAME AND ADDRESS (Please Type or Print) Juan Santaella			TELEPHON	NE NUMBER (813)849~2878
2310 W Waters Av Ste D)			
Tampa FL 33604	-		FAX NUMB	813 ₎ 849~6019
NAME AND ADDRESS (Please Type or Print)			TELEPHON	NE NUMBER { }
			FAX NUMB	BER ()
NAME AND ADDRESS (Please Type or Print)			TELEPHON	ONE NUMBER ()
	\sim)	FAX NUMB	BER ()
To represent the taxpayer(s) before the Florid	ta Department of F	Revenue in the fo	ilowing tax	x matters:
3. TAX MATTERS				
TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBE	R (F-1120, DR-15, Df	R-601, e(c.)	YEAR(S) / PERIOD(S) / MATTER(S)
Corp Tax	F-1120)		2004 - 2005
UBR Processing	UBR			2004 - 2005
4. ACTS AUTHORIZED The representative(s) are authorized to receive an respect to the tax matters described in section 3, (specifically includes the power to execute waivers statutory period for assessment or claims for refundoes not include the power to receive refund warrance.	for example, the auth of restrictions on ass d of taxes, and to ex	nority to sign any ag lessment or collect ecute closing agree	greements, c ion of deficie ements unde	consents, or other documents). The authority lencies in tax, to execute consents extending the
LIST ANY SPECIFIC ADDITIONS OR DELE	TIONS TO THE AC	CTS OTHERWIS	E AUTHOR	RIZED IN THIS POWER OF ATTORNEY
5. RECEIPT OF REFUND If you want to authorize a representative named in and list the name of that representative below. NAME OF REPRESENTATIVE TO RECEIVE REFUND W		BUT NOT TO ENE	DORSE OR	CASH, refund warrants, initial here

	-					
₹e-	print Taxpayer Name(, ,	Taxpayer ID #	PAGE 2
	raxpayer(s) must com	plete Page 1 of this Power	of Attorne	ey, or it will be	returned.	
	NOTICES AND COM					
•	Notices and other wr selects one of the op	itten communications wil	ll be sent	t to the first n	epresentative listed in F	Part I, section 2, unless taxpayer
	•	and communications sent	to both v	ou and vour r	epresentative, check this	hox ▶ □
•		notices or communications				
		representative listed to rec				
		presentative listed to receiv				
	DETERMINAL INCIDE					
•	The filling of this power	ATION OF PRIOR POWE	R(S) OF A	ATTORNEY II earlier bowe	r(s) of attorney on file wit	h the Florida Department of
	Revenue for the same	tax matters and years or p	eriods co	overed by this	document. If you do not	want to revoke a prior power of
		X			• • • • • • •	
	YOU MUST ALLACH A	COPY OF ANY POWER	QF AI TO	RNEY YOU W	ANT TO REMAIN IN EF	FECT.
•	SIGNATURE OF TAX					
	If a tax matter concern	s a joint return, <i>both</i> husba	and and w	vife must sign	if joint representation is r	equested. If signed by a corpo- e, or fiduciary on behalf of the
	taxpayer, I declare und	ler penalties of perjury that	I have th	executor, rece le authority to	execute this form on beh	alf of the taxpaver. Under
	penalties of perjury, I	(we) declare that I (we) h	ave read	the foregoin	g document, and the fa	cts stated in it are true.
e 48	bla Dannan of Attaman	is not Signed and dated, i	/			
u.	ns Power of Attorney	is not signed and dared, i	t will be			
_		SIGNATURE			ne 09 2004	President THTLE (If Applicable)
					_ <	
	Miquel Tso	akatos				21
	Miguel Tso	ukatos PRINT NAME		_		7
	Miguel Tso			_		71
	Miguel Tso				ACTE OF THE PARTY	TITLE (If Applicable)
	Miguel Tso	PRINT NAME			TIE OF	TITLE (if Applicable)
	Miguel Tso	PRINT NAME			ATE OF	TITLE (If Applicable)
	Miguel Tso	PRINT NAME SIGNATURE			WEE OF THE PARTY O	TITLE (If Applicable)
D/		PRINT NAME SIGNATURE PRINT NAME			ATE OF THE PROPERTY OF THE PRO	TITLE (if Applicable)
	ART II - DECLARATION	PRINT NAME SIGNATURE PRINT NAME OF REPRESENTATIVE			ATE OF	TITLE (If Applicable)
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