	ue · Miami, Florida 33122			
City/State/2	Zip Phone #		Office Use Only	
CONTORATION 1.	NA T(S) & DDCU	MENT N MBER(S), (if known):	
_	oration Name)	(Document #)	
2. <u>(Corpo</u>	oration Name)	(Document #)	
3.				
•	oration Name)	(Document #) 5000023 1 1 -10/03/97- *****35.0	<u></u>
4(Corpo	oration Name)	(Document #	*****35。1]	<u>1 ***</u> **35.00
□ Walk in □ □ Mail out □	Pick up time		Certified Copy Certificate of Status	SEC DIVISH
NEW FILINGS	AMENDMEN	rs :		SECRETAR VISION OF (
Profit	Amendment			1314年
NonProfit	Resignation of R.A.	, Officer/Director		RY OF STATE CORPORATIO
Limited Liability	Change of Registere	ed Agent		ATIO S1,
Domestication	Dissolution/Withdr	awal		共
Other	Merger			
OTHER FILINGS Annual Report Fictitious Name	REGISTRA QUALIFICA Foreign	\$	0-13-97	7
Name Reservation	Limited Partnership			
- Adding A deliver	Reinstatement			
	Trademark			
	Other			

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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 of submits the following statement in order to change its registered office or reg stered agent, or both, in the State of Florida.					
1a. The name of the corporation is:	AN ATLANTIC CARRIER SERVIC	es, inc.			
1b. Date of incorporation4/17/92	Document number P3	18393			
2. The name and address of the current Corporation Company of Mia-		DIVISION 97 OCI			
1600 Miami Center Miami Ft. 33131					
3. The name and address of the new regis (P.O. Box Not Acceptable)	Stered agent and office: JONATHAN W. SKIPP HORR, LINFORS & SKIPP, P.A. SUITE 1001 • ONE DATRAN CENTER 9100 S. DADELAND BOULEVARD MIAMI, FLORIDA 33156	CORPORATIONS 9 PH 1: 54			
Such change was authorized by resolution an officer so authorized by the board. SIGNAVIRE DATE	Typed or printed name and	hills (FO			
HAVING BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED COIN THIS CERTIFICATE, I HEREBY ACCE AGENT AND AGREE TO ACT IN THIS COUNTH THE PROVISIONS OF ALL STATUPLETE: PERFORMANCE OF MY DUTIES THE CBLIGATION OF MY POSITION AS	ORPORATION AT THE PLACE DESIGNATION AT THE PLACE DESIGNATION AS REGISTAND AS REGISTAND AS REGISTAND AS REGISTERED AGENT. GNATURE (Registered Agent)	SIGNATED STERED COMPLY AND COM- ACCEPT			
Division of Corporations, P.C). Box 6327, Tallahassee, FL	32314			

FILING FEE: \$35.00

CR2E(145 (7-91)