

DOCUMENT # P92000014687

1. Entity Name

ISMENE INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90060 011 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1001 BRICKELL BAY DRIVE, 25TH FLOOR, MIAMI FL 33131, US
Mailing Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR, MIAMI FL 33131-4900, US

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip, Country

4. FEI Number 65-0376445, Applied For Not Applicable

5. Certificate of Status Desired, \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BELL, DANIEL M, 1001 BRICKELL BAY DRIVE, 25TH FLOOR, MIAMI FL 33131

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include JAHARIS, KATHRYN and JAHARIS, STEVEN.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature], SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date: 1/13/00, Daytime Phone #: (305) 523-3637