PASIE CONTRACTOR AND Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | | | | | | |
|-----------|--------------------|-----------|----------------|--|---------|--|
| | (Corporation Name) | (Доси | ment #) | | | |
| 2. | | | | | | |
| | (Corporation Name) | (Доси | ment #) | | | |
| 3. | | | | <i>21</i> | | т |
| | (Corporation Name) | (Docu | ment #) | | 99 | <u>. </u> |
| 4. | | | in the second | | SEF | Company of |
| | (Corporation Name) | (Docu | ment #) | - | | - Santana |
| | | | | Ë~ | 3200 | i i |
| ☐ Walk in | Pick up time | | Certified Co | دی است. با بیر ان اب | A M | |
| | | | | 70 <i>2</i> 2 | සි | O |
| Mail out | ☐ Will wait | Photocopy | Certificate of | of Status | <u></u> | |

| NEW FILINGS : () |
|-----------------------|
| Profit |
| NonProfit |
| Limited Liability |
| Domestication |
| Other |

| AMENDMENTS |
|---|
| Amendment |
| Resignation of R.A., Officer/Director |
| Change of Registered Agent |
| Dissolution/Withdrawal |
| Merger |

| OTHER FILINGS |
|----------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/ = QUALIFICATION |
|-------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

500002975525---- 8 -09/01/93---01012--009 ******35.00 ******35.00

32603000 06840

| Examiner's Initials | | | |
|---------------------|------|--|--|
| | | | |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 19, 1999

VRONIA, INC. 486 GOLDEN ISLE 402 HALLANDALE, FL 33009 US

SUBJECT: VRONIA, INC. Ref. Number: P9300006840

Our records indicate the registered agent for the above named corporation resigned on July 16, 1999 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain Corporate Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| undersigned corporation organized under the laws of the State of \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, in the |
| 1. The name of the corporation is: Vro N'A, Fuc. |
| 1. The name of the corporation is: 178 HIM, 2 Me. |
| 2. The mailing address of the corporation is: 468 Golden Tsles 01. Suite 405 |
| HALLANDALE, F1 33009 |
| 3. Date of incorporation/qualification: 1-29-93 Document number: \$\frac{9300006840}{200006840}\$ |
| 4. The name and address of the current registered agent and office: |
| Magni Ricardo |
| 200 S.W. 25 Road |
| 11:4m, + 1 33129 |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) |
| TVAZIER ZSAAC |
| 468 Golden Isles DV. Suite 101 ART TO THE STATE OF THE ST |
| HAILANDALE, +1 33009 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of directors or by an officer so |
| |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. |
| 26-99 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

CR2E045(7/97)