

DOCUMENT # 994000027019

APPROVED AND FILED

00 APR 11 PM 2:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Entity Name

Fern Finance Inc

Principal Place of Business

Mailing Address

12241 SW 2st Miami, FL 33184

12241 S.W. 2st Miami, FL 33184

2. Principal Place of Business

3. Mailing Address

12241 S.W. 2st Suite, Apt. #, etc.

12241 SW 2st Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33

MIAMI, FL

4. FEI Number

65-0593193

Applied For

Not Applicable

Zip

Country

Zip

Country

33184

MIAMI-DADE

33184

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fernando Fernandez 12241 S.W. 2st Miami, FL 33184

Name

Street Address (P.O. Box Number is Not Acceptable)

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 of officer or director of registered agent and fee applicable

(NOTE: Registered Agent signature required for certain filings)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Fernando Fernandez <input type="checkbox"/> Delete
NAME	12241 SW 2st - President
STREET ADDRESS	Miami, FL 33184
CITY-ST-ZIP	
TITLE	Fernando Fernandez Jr <input type="checkbox"/> Delete
NAME	12241 SW 2st - Vice-President
STREET ADDRESS	Miami FL 33184
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100003224021-9 -04/26/00-01006-010 \*\*\*\*\*150.00 \*\*\*\*\*150.00

[Handwritten signature]

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 another like empowered.

SIGNATURE:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

Daytime Phone #