

<h1>DOCUMENT # P94000062420</h1>			
1. Entity Name <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">M. LANDAU OF FLORIDA, INC.</div>			
Principal Place of Business 8736 SW 6 ST MIAMI FL 33174 US		Mailing Address 8736 SW 6 ST MIAMI FL 33174-2464 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
LANDAU, SILVIO M 8736 SW 6 ST MIAMI FL 33174			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> Delete	
NAME	LANDAU, SILVIO M		
STREET ADDRESS	8736 SW 6 ST		
CITY-ST-ZIP	MIAMI FL 33174		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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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			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6054(c) of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE

Date _____ Daytime Phone # _____

CR2E034 (9/99)