PASOCO 43721

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Ronald Cutier
Attorney
Certified Public Accountant
Admitted to Illinois and Florida Bars

March 5, 1997

(305)624-1553

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find the following:

alter bloom

- 1) a check in the amount of \$35.00 made payable to the Sec. Of State; and
- 2) a Statement of Change of a Registered Agent.

Please file these documents accordingly and return a date stamped copy in the envelope provided.

Very truly yours,

Ronald Cutler

RC/ct

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RAELM

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 FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: BRIGHT STEP, TO COLOR
1b. Date of incorporation 3-8-95 Document number P95 20018721
2. The name and address of the current registered agent and office: CAPITAL CONNECTION, INC.
3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable) PAUL ROOS, 6115 NW 153 RD ST.)
MIAMI CAKES, FL 33014
The street address of its registered agent 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. PAUL ROOS, PRESIDENT Typed or printed name and title
3-4-97 SGNATURE Typed or printed name and title
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.
SIGNATURE BY: Taul Com
DATE 3-4-9 (Registered Agent)

CR2E045 (7-91)

FILING FEE: \$35.00