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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000024027 (1) 1. Corporation Name RED-LAND GAS MARKET INC.			
Principal Place of Business 13650 S.W. 36 STREET MIAMI, FLORIDA 33175		Mailing Address 13650 S.W. 36 STREET MIAMI, FLORIDA 33175	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent MARRERO, JUAN F. 13650 S.W. 36 STREET MIAMI, FLORIDA 33175		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE D/P/T NAME MARRERO, JUAN F. STREET ADDRESS 13650 S.W. 36 STREET CITY- ST- ZIP MIAMI, FLORIDA 33175 TITLE VP/S NAME ROTMAN, DAVID STREET ADDRESS 15060 S.W. 134 AVENUE CITY- ST- ZIP MIAMI, FLORIDA 33186 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/mo Phone #

CR2E034 (9/96)