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11/21/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: INCORPORATORS PLUS, INC.

ACCT#: 105114002375

CONTACT: MICHAEL HELLER

PHONE: (954)475-8484

FAX #: (954)475-1125

NAME: INVERSIONES EL ELEGIDO, INC.

AUDIT NUMBER.....H97000019478

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0 PAGES..... 2

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TALLAHASSEE, FLORIDA

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Florida Department of State, Sandra B. Morham, 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: Inversiones El Elegido, Inc.

1b. The mailing address of the corporation is: PO Box 39394
Ft. Lauderdale, FL 33339

1c. Date of incorporation: May 11, 1995 Document number: P95000037856

2. The name and address of the current registered agent and office:
Bradford J. Beilly, Beilly & Pozzuoli
709 E. Broward Blvd., Suite 200
Ft. Lauderdale, FL 33301

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Incorporators Plus, Inc.
1214 N. University Drive
Plantation, FL 33322

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.

(Signature of an officer, chairman or vice chairman of the board)

2/11/97
(Date)

Robert Long, Vice President

(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.

Michael Mason

(Signature of Registered Agent)

11/21/97

(Date)

If signing on behalf of an entity:

Michael Gorsen

(Typed or Printed Name)

Attorney in Fact, Incorporators Plus

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED FEE: \$35.00

CR26045(11/84)

Incorporators Plus, Inc.
1214 N. University Drive
Plantation, FL 33322

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