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B2 Street Address (PO Box Number is Not Acceptable)	0.14					81	Name				-			
11. Pursuant to the provisions of Sections 607 0/02 and 607.1509. Florida Statistics the above named corporation submits this statement for the provisions of changing its registered agent, or both, in the State of Florida Section 607.0509, Florida Statistics the above named corporation submits this statement for the provision at a registered agent. I am lamiliar with and accept the obligations of Section 607.0509, Florida-Statistics SIGNATURE Signature OPELICES AND DIRECTORS 12. OPELICES AND DIRECTORS 13. ADDITIONS/CHANGES TO OPEICERS AND DIRECTORS IN 12. OPELICES AND DIRECTORS 13. SIGNATURE OUTUNED OUT OF THE STATE OF THE STA	804	0-60 NW 33RD STREET				82	Street Add	Iress (P.O. Box Number is Not Acc	ceptabl	e)				
11. Pursuant to the provisions of Sections (67 0°00° and 627,1508; Florida Sixtates the above named corporation submits this statement for the purpose of changing its registered agont, or both, in the State of Florida Section 67,0505; Florida Statutes SIGNATURE Signature Sequence of the provisions of Section 67,0505; Florida Statutes 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OBJECT 12 MANE OJALVO, JOSE 8040-60 NW 33RD STREET MAMI FL 33122 DELETE 11 TILE VO OSER CROSET D DELETE 21 TILE 12 MAME 13 SINGET ADDRESS OCTY-ST-2P MAMI FL 33122 DELETE 31 TILE Change Addition Ch	MIA	MI FL 33122				83								1
11 Fursionant to the provisions of Scictions (07.0502) and 607.1508 Florida Statutios the above named corporation's submits this statement for this purpose of changing its registered office or registered agent, or body, in the State of Florida Such change was authorized by the corporation's board of director's 1 horeby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutios SIGNATURE						84	City				85 Z	ip Code		-
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6.4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes | further certify that the information indicated on this annual report or supplemental annual 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 compiration or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 transport of on an adachment with an address.

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CITY-ST-ZIP

63 STREET ADDRESS

NAME

STREET ADDRESS