

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: ROSILLO, PADRO & ASSOCIATES, L.L.P.

Account Number : I19990000127

Phone

: (305)477-5671

Fax Number

: (305)477-2640

REGISTERED AGENT CHANGE

MAC MOLTO U.S.A., INC.

Certificate of Status	0
Certified Copy	1
Page Count	0.1
Estimated Charge	\$\$7950 <u>.</u>

#13 00 as per IRS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-	617.0502, 607.1508, or 617.1508,	•	
	· · · · · · · · · · · · · · · · · · ·	ation organized under the laws of the	_	
Florida	in order to change its regis	stered office or registered agent, or l	both, in the State	
of Florida.	a Maa Maka II C A	ion		
	f the corporation: Mac Molto U.S.A.,		··· ——————————————————————————————————	
2. The principal office address: 2520 NW - 97 Avenue, Miami, Florida 33122				
3. The mailing	address (if different):			
4. Date of inco	orporation/qualification: 01-19-19	96 Document number: PS	96000007398	
5. The name at Florida Dep	nd street address of the current regist artment of State:	tered agent and registered office on fi	ile with the	
	Simpsom, Lita Q.			
	2520 NW - 97 Ave			
	Miami, FL 33122		SSE SSE	
6. The name a changed):	and street address of the new regist	tered agent (if changed) and /or reg	95 5	
	8600 NW - 53 Terrace, Suite 201		- 8 S	
		mailbox NGT acceptable)		
	Miami, Florida 33166			
agent, as chan	ged will be identical.	street address of the business office	-	
Such change v authorized by	was authorized by resolution duly active board, or the corporation has be	dopted by its board of directors or by en notified in writing of the change	y an officer so	
	er, chauthan or vice chautman of the board)	Pedro Molto (Printed of typed name and life)		
I hereby accept further agree performance age office address.	of the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with mt. Or, if this document is being fil I hereby confirm that the corporat	ent and agree to act in this capacity il statutes relative to the proper and and accept the obligation of my pos ed merely to reflect a change in the tion has been notified in writing of th	complete attion as registered his change.	
	(Signature of Registered Agent)	11/20/02		
If signing on beh	·	(LAUE)		
-	(Typod or Printed Name)	(Capacity)		