

April 15th, 1998

Florida Dept. of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: The Pro Shop, Inc.

Dear Sirs/Madams:

Enclosed herewith is original and one copy of Change of Registered Agent, and Amendment together with check in the amont of \$70 to cover filing fees. Please confirm receipt on the copies and forward back to me on the stamped self-addressed envelope enclosed.

Yours truly,

SILVIA B. ROJAS, Esq.

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SBR:b Enc.

9100 S. Dadeland Boulevard, PH-1, Suite 1701, Miami, Florida 33156

Florida Department of State, Sandra B. Mortham, Secretary of State STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS	
submits the following statement in order to change its registered office o	or registered agent, or both, in the
State of Florida.	<i>.9</i>
1. The name of the corporation is: The Pro Shop, Inc.	Taken Map to
2. The mailing address of the corporation is:	58th Terrace
Miami, Flo	orida 33157
3. Date of incorporation/qualification:March 6,1996 Docume	nt number: P96000020649 7
4. The name and address of the current registered agent and office:	
Ricardo Velazquez	
9980 SW 168th Terrace	······································
Miami, Florida 33157	
5. The name and address of the new registered agent and office: (P. O. B	ox Not Acceptable)
Hugo Gimenez	
9980 S.W. 168th Terrace	, , , , , , , , , , , , , , , , ,
Miami, Florida 33157	
	by hyperbolic strategic states and the second strategic
The street address of its registered office and the street address of the agent, as changed, will be identical.	e business office of its registered
Such change was authorized by resolution duly adopted by its board	of directors or by an officer so
authorized by the board.	4/14/98
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Hugo Gimenez	
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of pro- corporation, I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the ob- registered agent.	cess for the above stated ad agree to act in this capacity. to the proper and complete ligation of my position as
the light of participant A manuf	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
/ Phan or a restance a contract	