Signature, types or princed name of registered agent and the it application is eligible to be satisfy its Intangible Task filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Task filting requirement and elects to do so. (See criteria on back) The STRIL ANA F SIME ADDITIONS Signature, types or princed name of registered agent and the it application. (NOTE Pregistered Agent types to repaired when releastancy) The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE STRIL ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ANA F SIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SIME ADDITIONS OF THE SIME	DOCUN	MENT •		000	23069	RT	(UBI	3)	A	FILE Apr 30, 2001 Secretary	08:			ē.
MANUTURE PLANS AND PLANS A	Principal Place	e of Busines	<u> </u>		•	<u></u>	 .							
2. Principal Prace of Business one Intert Prefix Suite, Apt. 4, etc. Su		VE., #306-A	FL				FL							
Solve, Apt. 6, etc. SURE,	33165				33283									
City & State Ci			ess		3. Mailing Address									
Second S	SUITE B-140				Suite, Apt. #, etc.					DO NOT WE	IITE IN TH	IS SPAC	E	
6. Name and Address of Current Registered Agent 7. Certificate of Status Desired 7. Name and Address of New Registered Agent Name MRESTRIL RAUL Street Address (P.O. Box Number is Not Acceptable) 9389 SUNSET DRIVE 133173 US 15. Certificate of Status Desired 16. Name and Address of New Registered Agent 15. Certificate of Status Desired 16. Name and Address of New Registered Agent 16. Status Desired Agent 16. Status Desired 16. Status Desired 16. Status Desired 16. Status Desired Agent 16. Status Desired 17.	MIAMI	e 				, ·								plied For t Applicable
Name	•	0 N	·			Coun	try					Fee l	Required	
MIAMI 33173 US SUTE B-140 City MIAMI Squarer, speed or printed name of neighbered agent and the 2 applicable. (NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or printed name of neighbered agent and the 2 applicable. (NOTE: Registered Agent synature required when releastable). 9. This corporation is eligible to satisty its Intangible Tax filing requirement and elects to do so. (See criteria on back). 10. CPFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S MESTRIL ANA F WAVE MESTRIL ANA F SIMETADDRESS 3569 S.W. 97 AVE., #306-A SIMETADDRESS SHOW MANIAMI FL 33165 SIMETADDRESS SHOW MIAMI FL 33173 CITY-S1-2P MIAMI FL 33173 CITY-S1-2P MIAMI Delete TITLE MAKE MESTRIL RAUL SIMETADDRESS SHOW MIAMI FL 33173 CITY-S1-2P MIAMI Delete TITLE MAKE SIMETADDRESS SINCEST DRIVE SUITE B-140 Change Add Add Change Add Add Change Add Add Change Add Add Change Add Chang	MESTRIL		and Address of Cur	rent Reg	gistered Agent	-	•				Registere	d Agen	t 	
Signature 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature		ГНСТ		_						ox Number is Not Acceptab	le)			
After MAY 1, 2001 Fee will be 3550,00 May 1 for will be 3550,00 May 1 for will be 3550,00 May 1 for will be 3 sate of the many 2 for both in the State of Florida. Signature, speed or printed name of registered agenc and title if applicable. (NOTE Registered Agent agreature required when relictation) CATE			US	FL			City	-140	_	<u> </u>	F			- <u> </u>
TITLE	Tax filing re (See criteri	equirement a	and elects to do so.	X	After MAY 1, 20 Make Check Payat	01 Fee ole to De	will be \$5	50.00 of State		Trust Fund Contributi	on.		Added	to Fees
MAME MESTRIL ANA F STREET ADDRESS 3850 S.W. 87 AVE., #306-A STREET ADDRESS STREET		S	OT TOLLIA?	410 DI			<u> </u>		AUL	DITIONS/CHANGES TO OF	FICERS A			Addition
MAME MESTRIL RAUL STREET ADDRESS 8500 SW 99TH CT STREET ADDRESS 9380 SUNSET DRIVE SUITE B-140 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 TITLE MAME MESTRIL RAUL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MESTRIL RAUL STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	STREET ADDRESS	3850 S.W.				NAME STRE	E et address	9380 SUN			FL			жашап
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	MESTRIL 8500 SW 9				NAME STRE	et address	MESTRI 9380 SUN			FL		-	Addition
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TITLE Delete TITLE Change Add NAME NAME STREET ADDRESS CITY-ST-ZIP 1. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the section 119.07(3)(iii), Florida Statutes.	IAME STREET ADDRESS SITY-ST-ZIP					NAME STREE CITY-	ET ADORESS -ST-ZIP						·	Addition

D

04/30/2001 Date

Daytime Phone #

SIGNATURE: Raul Mestril

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR