P96ADER HOLDER ATTORNEY AT LAW

6800 WEST COMMERCIAL BOULEVARD
SUITE 5
FORT LAUDERDALE, FLORIDA 33319
TELEPHONE: (954) 742-4622
TELEFAX: (954) 742-9993

HERBERT H. ROLNICK
DAVID A. NETBURN*
*ALSO ADMITTED IN N.Y. & CT.

March 28, 1997

STAR II OH S. S. TORIGA

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

RE: Firstlook, Inc.

300002142143--C -04/14/97--01086--004 *****35.00 *****35.00

Gentlemen:

Enclosed herewith please find an original Certificate Designating Change of Registered Agent. Please file same. Also enclosed please find our check in the sum of \$35.00 to cover the cost of your filing fee.

Should you have any questions, please do not hesitate to contact our office collect.

Very truly yours,

HERBERT H. ROLNICK, P.A.

RENEE' M. TOWNE

Legal Asst. To Herbert H. Rolnick, Esq.

Rmt File No.96-280

Enc.

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CERTIFICATE DESIGNATING CHANGE OF REGISTERED AGENT

TALLAND AND STORES, the footboring

In compliance with section 607.0501, Florida Statutes, the following i is submitted:

- 1) Name of the Corporation is Firstlook, Inc.
- 2) Street address of the Registered Office 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311
- 3) Name of the current Registered Agent is Filings, Inc.
- 4) Name of the successor Registered Agent is Herbert H. Rolnick, Esquire
- 5) Street address of the new Registered Office is 6800 W. Commercial Blvd., Suite 5, Ft. Lauderdale, Fl.
- 6) Such change of Registered Agent and Registered Office was authorized by an Officer of the Corporation, so authorized by the Board of Directors.

Sig	nature	Stimberly A Warter
	Title	President
	_ Date	3/28/97
	Date_	

Having been named to accept service of process for the above named Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statues relative to the proper and complete performance of my duties.

Date: 3/28/97 Signature X

Herbert H. Rolnick

DEBIT MEMORANDUM

TO:
DEPARTMENT OF STATE

TO:
DEPARTMENT OF STATE

STATE OF COLIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

*******	*****	***********	******	*******
* FUND	AMOUNT		KEY #	* *
* GENERAL REVENUE		INSUFFICIENT FUNDS	1	
* TRUST	1,545.00	ACCOUNT CLOSED	2	* 2 *
* OTHER		UNCOLLECTED FUNDS	3	* *
* TOTAL ***********	1,545.00	OTHER	4	* *

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT	
12	45-20-2-130001-45300000-00-000100-00	1	10.00	
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12	45-20-2-130001-45300000-00-000100-00	1	750=00	D.

GRAND TOTAL:

\$ 1,545.00

73134-0

60002147606--8 -04/18/97--01002--009 *****85.00 *****85.00

Process Date: 03/11/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson.

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State Treasurer