LAW OFFICES

WALTERR. BLAKE, P.A.

1881 UNIVERSITY DRIVE, SUITE #100

CORAL SPRINGS, FLORIDA 33071

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YALTED RIBLIKE

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May 19, 1997

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

RE: THE CAZES GROUP, INC. P96000052568

100002186781--6 -05/21/97--01078--004 *****35.00 *****35.00

Gentlemen:

Please find enclosed a Statement of Change of Registered Office and Registered Agent in reference to Charter No. P96000052568 and a check in the sum of \$35.00 for the filing fee.

Upon completion, please forward proof of change to my office in the enclosed self-addressed stamped envelope.

Thank you.

Sincerely

WALTER R. BLAKE, ESQ. WALTER R. BLAKE, P.A.

WRB:mjm Enclosures

CIS 4/92

Charier No. <u>P96-000052568</u>

Date Filed June 20, 1996

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for he purpose of changing its registered office and registered agent in the State of Florida. THE CAZES GROUP, INC. 1. The name of the corporation is: 2. The name and address of its present registered agent is: CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301 3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE) JACK CAZES 5248 Eagle Cay Way Coconut Creek, FL 53046. 33073 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. JACK CAZES, President/Chairman (Typed or printed name and title) HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FUR-THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505. FLORIDA STATUTES. Please Print/Type Name

FILING FEE \$35