INTERNATIONAL INSURANCE & BUSINESS PLANNERS 7641 SW 14716 Court • Miomi, FL 33193-1112, U.S.A.

CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if known): -09/15/00010570 -09/15/00 -010570	 .
		16 5.00
(Corporation Name)	(Document #)	•
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up	time Certified Copy	
☐ Mail out ☐ Will wa	it Photocopy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit -	☐ Amendment ➡	
Not for Profit	Amendment Resignation of R.A., Officer/Director Change of Registered Agent	
Limited Liability		
Domestication Other	Dissolution/Withdrawal	
- Other	☐ Merger ☐ ☐ ☐ ☐	
OTHER FILINGS	REGISTRATION/QUALIFICATION S	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
	Other 7 BROWN SEP 2 5 2000 Examiner's Initials	
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	Examiner's Initials 2000	}

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
2. The mailing address of the corporation is: 290/5w 8th 5TREET, STE 206
MIAMI, FL 33135 3. Date of incorporation/qualification: 1/-/2-96 Document number: P96000092508
4. The name and address of the current registered agent and office:
M. TERESITA DIVO 7641 SW 147# CT
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Manifol Boschetti 2901 5w 8th Street, Ste 206 Miami, FL 33135
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
FINESTO A. DIVO, TRES. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.
Mansolherhetti 09/08/00
If signing of behalf of an entity: A NISO BOSCHETT PELISTED ALENT (Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314