

DOCUMENT # P96000102115
 Entity Name
 RUE DE PARIS, JNC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 016 ***150.00

00055835

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
 177 N.W. 72ND AVE
 STE 2-F12
 MIAMI, FL 33126

2. Mailing Address
 777 N.W. 72ND AVE
 STE 2-F12
 MIAMI, FL 33126

3. Principal Place of Business
 755 N.W. 72 AVE

3. Mailing Address
 755 N.W. 72 AVE

4. Suite, Apt. #, etc.
 STE 17

5. Suite, Apt. #, etc.
 STE 17

6. City & State
 MIAMI FLORIDA

7. City & State
 MIAMI FLORIDA

4. FEI Number
 65-0715963

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ZAFRA, CINDY D.
 777 N.W. 72ND AVE
 STE 2-F12
 MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 755 N.W. 72 AVE
 STE 17
 City MIAMI FL Zip Code 33126

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, typed or printed name of registered agent and filer if applicable
 (NOTE: Registered Agent signature required when registering)
 DATE 04-27-00


This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so.
 See criteria on back)

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST- ZIP P ZAFRA, CINDY D. 777 N.W. 72ND AVE, STE 2-F12 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 755 N.W. 72 AVE. STE 17 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CINDY DIAZ ZAFRA 4/27/00 (305)262-1992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #