

POOLE & CLEMENTS, P.A.

Attorneys at Law

WILLIAM (FRED) POOLE, IV
CORPORATE AND BUSINESS LAW

ROBERT G. CLEMENTS

644 West Colonial Drive
Orlando, Florida 32804
Telephone (407) 422-6662
Facsimile (407) 422-4128

April 1, 1997

Secretary of State
Division of Corporations
The Capitol
Tallahassee, Florida 32399

RE: **BUCCI COMPUTER CONSULTING, INC.**
Our file # 97-036

100002133971-7
-04/04/97-01086-002
*****87.50 *****87.50

Dear Sir or Madam:

Enclosed please find two copies of Articles of Amendment changing the name of **BUCCI COMPUTER CONSULTING, INC. to BUCCI TECHNOLOGIES, INC.**

Also enclosed please find our check in the amount of \$122.50. This check includes payment for the following:

Filing Fee	\$35.00
Certified Copy of Amendment	52.50
TOTAL	\$ 87.50

Please send the certified copy of Articles of Amendment back to the undersigned.

Your cooperation in this matter is appreciated.

Sincerely,

Margaret Edmonston

Margaret Edmonston, Assistant to
William F. Poole, IV
POOLE & CLEMENTS, P.A.

/me
Enclosures

G:\DATA\FILES\97-036\SECSTATE.LTR

APPROVED
AND
FILED

APR - 3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK
P97000027353
NC
4-3-97
Out Copy

1. The following provisions of the Articles of Incorporation of **BUCCI COMPUTER CONSULTING, INC.**, a Florida corporation, as filed in the offices of the Secretary of State, State of Florida in Tallahassee, Florida on the 21st day of March, 1997, effective March 24, 1997, be and they are hereby amended in the following particulars:

The name of the corporation is **BUCCI TECHNOLOGIES, INC.**

IN WITNESS WHEREOF, William Fred Poole, IV, Esquire, the Incorporator of the Corporation, has executed these Articles of Amendment this 31st day of March, 1997.

**STATE OF FLORIDA
COUNTY OF ORANGE**

✓ to me well known to be the person described in; OR

Produced the following form of identification

WITNESS my hand and official seal in the County and State last aforesaid this 31st day of March, 1997.

Margaret Elmore
NOTARY PUBLIC - STATE OF FLORIDA

MARGARET EDMONSTON
Notary Public, State of Florida
My comm. exp. Jan. 25, 2000
Comm. No. CC527757

March 28, 1997

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

Re: Auto Price Club, Inc.
P97000027685

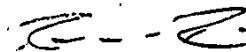
Dear Sirs:

Please let this letter serve as authorization to change the the following relating to the above captioned corporation:

- | | |
|--------------------------------|----------------------------------|
| 1. Current Address on file: | New Address: |
| 5310 North State Road 7 | 5310 North State Road 7, Suite G |
| Fort Lauderdale, Florida 33319 | Fort Lauderdale, Florida 33319 |

Thank you for your attention to this matter. Should you have any questions, please contact the undersigned.

Sincerely,



Rene H. de los Rios
Attorney At Law

LET.ADD

RECEIVED
97 APR -3 AM 11:03
DIVISION OF CORPORATION

P97-28076

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Juan Cruz EIN or SS#: _____

Address: 9300 NW Broad Minor Road
Miami FL 33147

Amount: \$ 33.75 Date Paid _____

Reason for claim: Damage - Overpayment for articles

P97-28076
Guan Peng Gold Jewelry, Inc. (L. Profk)

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 33.75

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 0111-007 dated 3/24/97

Name of Account: _____

45202130001453000000000010000

Statutory Authority for Collection: 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____

(Agency) (Authorized Signature and Title)