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TO: DIVISION ORAF CORPORATIONS

FAX #: (904)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

JAME: DOUQUE INTERNATIONAL, INC.

AUDIT NUMBER.....H97000006158

DOC TYPE.....REGISTERED AGENT CHANGE

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PAGES..... 2

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TALLAHASSEE, FLORIDA

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Florida Department of State, Jim Smith, Secretary of State

**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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Douque International, Inc.

1b. The mailing address of the corporation is: 8357 W. Flagler Street, Suite 255,
Miami, Florida 33144

1c. Date of Incorporation: April 3, 1997 Document number: P97000030333

2. The name and address of the current registered agent and office:

John S. Tenenholtz

520 Brickell Key Drive, Suite 0-305

Miami, Florida 33131

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Cornelis A. Meijard

8357 W. Flagler Street, Suite 255

Miami, Florida 33144

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]
(Signature of an officer, chairman or
vice chairman of the board)

LODEWIJK J. BRÖCKER, PRESIDENT
(Printed or typed name and title)

4/15/97
(Date)

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.

[Signature]
(Signature of Registered Agent)

4/15/97
(Date)

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

JOHN S. TENENHOLTZ, ESQ. FBN 694665 (305) 874-3800
520 BRICKELL KEY DR. #0-305 MIAMI, FLORIDA 33131

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EMPIRE CORPORATE KIT

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