

**FILED**

**Apr 26, 2000 8:00 am**  
**Secretary of State**

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000052384

1. Entity Name

ONE SKY ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6341 N.W. 33rd. ST.

[same]

2. Principal Place of Business

3. Mailing Address

6341 N.W. 33rd. ST.

[same]

City & State

City & State

Hollywood, FL 33024

4. FEI Number

Applied For

65-0764702

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK, JOEL M SR.  
6341 N.W. 33RD STREET  
HOLLYWOOD FL 33024

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	NAME	FRANK, JOEL M SR.	STREET ADDRESS	6341 N.W. 33RD STREET	CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	VPD	NAME	GOMEZ, EDDIE	STREET ADDRESS	TRIBAL ROAD 40, HOUSE 82	CITY-ST-ZIP	ISLETA NM 87022
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

13. 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: Joe M. Frank, President

4/20/00

(154) 401-8081