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CORPORATION NAME(S) & DO	Office Use Only
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2(Corporation Name)	<b>4000031903046</b> -03/30/0001086017 (Document#) *****35.00- *****35.00
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NEW FILINGS	AMENDMENTS
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>
<b>OTHER FILINGS</b>	<b>REGISTRATION/QUALIFICATION</b>
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>
	V. SHEPARD APR 1 0 2000
CR2E031(7/97)	<b>Examiner's Initials</b>

## 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. 1. The name of the corporation : 2. The mailing address of the corporation :\_ 3. Date of incorporation/qualification: Document number: 65 -4. The name and address of the current registered agent and registered office: AVE. a 3312 5. The name and address of the new registered agent (if changed) and /or registered office (if changed): Riville 108 inc 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 02-21-00 er, chairman or vice chairman of the board) (Date) MIGUEL SADOUNIC - DIRECTOR

(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

Signature of Regis ered Agent

If signing on behalf of an entity:

ALICIA CAPPELLARD (Typed or Printed Name)

(Capacity)

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

CR2E045(8/99)