FROM : FAX NO. : Sep. 08 2005 04:15PM P1

FILED

05 OCT 18 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000098428

1. Entity Name

DABIAN INTL. CORP.

Principal Place of Business / Mailing Address

2157 N.W. 79th Avenue
Miami, Fl. 33122

REINSTATEMENT CR2E086 (6/04) 2.25

2. Principal Place of Business	3. Mailing Address
2157 N.W. 79 Avenue	2157 NW 79 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, fl.	City & State: Miami, Fl.
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI Number 65-0814937 ☐ Applied For ☐ 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

Name: Daniel Gamas
Street Address (P.O. Box Number is Not Acceptable): 2157 NW 79 Avenue
City: Miami, Fl. FL Zip Code: 33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Oct. 14, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	President ☐ Delete
NAME	Alfredo E Bianco
STREET ADDRESS	2157 NW 79 Avenue
CITY-ST-ZIP	Miami, Fl. 33122
TITLE	VS ☐ Delete
NAME	Gustavo Bianco
STREET ADDRESS	2157 NW 79 Avenue
CITY-ST-ZIP	Miami, fl. 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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11/01/05--01049--013 **1200.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ Gustavo Bianco, VP 9/8/05

B. Mitchell OCT 18 2005