

FROM :

FAX NO.:

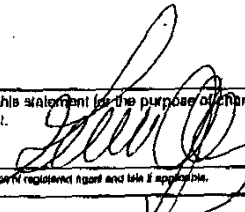
Sep. 08 2005 04:15PM P1

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

05 OCT 18 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098428			
1. Entity Name DABIAN INTL. CORP.			
Principal Place of Business 2157 N.W. 79th Avenue Miami, Fl. 33122		Mailing Address 2157 NW 79 Avenue	
2. Principal Place of Business 2157 N.W. 79 Avenue		3. Mailing Address 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.)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 807.163(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Alfredo E. Bianco		NAME	
STREET ADDRESS 2157 NW 79 Avenue		STREET ADDRESS	
CITY-ST-ZIP Miami, Fl. 33122		CITY-ST-ZIP	
TITLE VS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Gustavo Bianco		NAME	
STREET ADDRESS 2157 NW 79 Avenue		STREET ADDRESS	
CITY-ST-ZIP Miami, fl. 33122		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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