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November 17, 2000

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Secretary of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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Re:

Constructora Limonar, Inc.

Statement to Change Registered Agent

Dear Sir or Madam:

I am enclosing the Statement to Change Registered Agent together with a check in the amount \$35.00 representing the filing fee. Please send me confirmation that the change has been filed in the enclosed self-addressed, stamped envelope.

Should you have any questions, please do not hesitate to call me.

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TJM:lv w/encls.

cc: CSC Network, Inc.

MIALIB01:3126.1

PAIRO

OO NOV 20 PM 1: 30 SECRETARY OF STATE

S. PAYNE

NOV 3 0 2000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

ursuant to the	provisions of sections 607.	0502, 617.0502, 60	7.1508, or 617.1508, Florida Statutes,
Januian ad	corporation organized under	r the laws of the State	e of <u>Florida</u>
ubmits the foll	owing statement in order to	change its registered	d office or registered agent, or both, in
he State of Flor	rida.		_
. The name of	the corporation is:Con	<u>structora Liu</u>	nonar, Inc.
The mailing	address of the corporation is:	260 Crando	on Blvd., Suite 26,
Key B	iscayne, Florida 3	3149	
			Document number: <u>P97000098823</u>
. The name ar	nd address of the current regis	itered agent and our	ce.
	Corporate Serv	rices_Company	
	1201 Hays Stre	eet	1 (P. O. Box Not Acceptable) PM 1: 3
The name 3	Tallahassee, I	red agent and office:	(P. O. Box Not Acceptable)
. The name a			Fo B
	Maria C. Cord	•	- S
	260 Crandon B	lvd., Suite 2	<u>26 </u>
	<u>Kev Biscavne,</u>	Florida 3314	19 5
+ or obone	ress of its registered office a	and the street addres	s of the business office of its registered
uch change v	was authorized by resolution	duly adopted by its	board of directors or by an officer so
uthorized by	irli Prollen book		1/1-18-2000
X ///O//C / O	are of an officer, chairman or vice cha	irman of the board)	(Date)
1		·	
	(Printed or typed name and	title)	
ретогтансе с	named as registered agent and hereby accept the appointme to comply with the provision of my duties, and I am familia	l to accept service of nt as registered agen	f process for the above stated at and agree to act in this capacity. tive to the proper and complete e obligation of my position as
registered age	Will both food		11-15-2000.
By: X///UU/L/	(Signature of Registered Agent)		(Date)
If signing on beha	-		
	TORA LIMONAR, INC.		VICE PRESIDENT
COMPTROC	(Typed or Printed Name)		(Capacity)
	* * *]	FILING FEE: \$35.0	00 * * *
-0035045(78)7\			
CR2EO45(7/97)	DIVISION OF CORPORATIONS	P. O. Box 6327	TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS

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