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—— John M.	Arribas & Associates 12500 VISTA LANE IAMI, FLORIDA 33156 IP Phone #	Office Use Only
1(Corpor		Document #)
3(Corpor	ration Name) (E	Document #)
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Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir	7000026219470 -08/21/9801053008 ******35.00 ******35.00
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership	VS AUG 261998 RAClq.
	Reinstatement Trademark Other	

Examiner's Initials

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 Morida undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Assocra 1 A 4 1. The name of the corporation is: 2. The mailing address of the corporation is: 12500 VISta haa c 11ami 33156 3. Date of incorporation/qualification: $\underline{3} - 17 - 98$ Document number: 4. The name and address of the current registered agent and office: ervice 1381-1201 Hays St Tallahassee, F 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 33135 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 authorized by the board. an officer, chairman or vice chairman of the board) (Signature of (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 registered agent. (Signature of/Registered Agent) If signing on behalf of an entity: (Typed or Printed Name) (Capacity) * FILING FEE: \$35.00 * CR2E045(7/97) **DIVISION OF CORPORATIONS** P.O. Box 6327 TALLAHASSEE, FL 32314