FILED May 11, 2001 8:00 am

TITLE NAME TABALA, VIVIAN STRET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TOTLE NAME STREET ADDRESS TOTT-ST-ZIP TOTT-ST-ZIP TOTT-S	DOCUMENT # P98000031179 1. Entity Name B.I.Z.I. DISTRIBUTOR INC.							Se	y 11, 2 ecreta 15-11-2001 90	ry of	f Stat	te
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. Principal Place of Business 3. Mailing Address 4. Principal Place of Business 4. Principal Place of Business 5. Surfa, Apr. 4. etc. DO NOT WRITE IN THIS SPACE 5. PopPool For Not Applicable 2. PopPool For Not Applicable 2. PopPool For Not Applicable 2. PopPool For Not Applicable 3. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Agent Agent 7. Name Agent Address of New Registered Agent 7. Name Agent Agent 7. Name Agent Agent 7. Name Agent Agent 7. Name Agent Age	Principal Place of Business Mailing Address											
Suito, Apt. 4, etc. City & Siste Country Zip Country Zip Country S. Certificate of Sistaux Desired S8.75 Additional Ros Application To Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Accessable) Street Address (P.O. Box Number is Not Accessable) SIGNATURE City & Siste Street Address (P.O. Box Number is Not Accessable) Signature Registered Agent Signature Registered Agent City & FL Zip Code 3. The above named desity submits type statement for the purpose of changing its registered adject, or both, in the State of Florida. Signature Registered adject, or both, in the State of Florida. Signature Registered Agent squares replaced agent, or both, in the State of Florida. Signature Registered agent, or both, in the State of Florida. Signature Registered Agent squares replaced agent, or both, in the State of Florida. Signature Registered Agent squares replaced agent, or both, in the State of Florida. Signature Registered Agent squares replaced agent, or both, in the State of Florida. Signature Registered Agent squares replaced agent, or both, in the State of Florida. Signature Registered Agent squares replaced agent registered agent, or both, in the State of Florida. Signature Registered Agent Regi								00020-				
City & State City & State City & State City & State Country Zip Country Size	Principal Place of Business 3. Mailing Address					_ -	\longrightarrow					
ZAP Country Zip Country 3. Certificate of Status Desired \$8.75 Acadillonal Fee Regulated \$7. Name and Address of New Registered Agent \$7. Name a	Suite, Apt	t. #, etc.	 	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Z.p Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Regulated Se. Regulated \$8.75 Additional Fee Regulated	City & State			City & State			4. F	FEI Number	65-082487	5	- -	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Country	Zip Cou		try	5. (Certificate of	Status Desired		\$8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable)		6. Name a	nd Address of Current R	legistered Agent	 =	ļ <u></u>	7; N	lame and Ad	Idress of New R	egistered /	\gent	
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 Plotida. SIGNATURE Signature Supresses strand or purpose of changing its registered office or registered agent, or both, in the State of Plotida. OY - 24 - 07 Signature Supresses strand or purpose of changing its registered agent sortered and elect to the state of the purpose of changing its registered agent, or both, in the State of Plotida. OY - 24 - 07 Signature Supresses strand or purpose of changing its registered agent, or both, in the State of Plotida. OY - 24 - 07 Signature Supresses strand or purpose of changing its registered agent, or both, in the State of Plotida. OY - 24 - 07 Signature Supresses strand or supre	15037 SW 159 CT											
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. SIGNATURE Signature, typed or prof name of registered agent and ties of applicable. PATE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS						City				FL	Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	9. This corporate Tax filing	Signature, typed or oration is eligible requirement and	e to satisfy its Intangible d elects to do so.	FILE NOW After MAY 1, 20 Make Check Payat	!!! FEE 001 Fee	IS \$150.00 will be \$550.	.00 State	10. Electic Trust I	on Campaign Fin Fund Contribution	ancing n. [\$5.0 Added	to Fees
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

04-26-61 35 436-0418