P98000032751

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETAKY OF STATE
TALLAHASSEE FOR STATE

COVER LETTER

Division of Corporations SUBJECT: R S INTERNATIONAL DISTRIBUTORS INC. (Name of Corporation) DOCUMENT NUMBER: P98000032751 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIMON VELASQUEZ (Name of Contact Person) R S INTERNATIONAL DISTRIBUTORS INC. (Firm/Company) 5640 N W 113 PLACE (Address) MIAMI, FLA. 33144-4264 (City/State and Zip Code) For further information concerning this matter, please call: SIMON VELASQUEZ 305 592-0104 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0 unge is submitted for a corporation or	ganized under the laws of the State o	of
in orde	er to change its registered office or reg	gistered agent, or both, in the State o	f Florida.
1. The name of	the corporation: RS INETERNATI	ONAL DISTRIBUTORS INC.	
2. The principal	office address: 8150 S W 8 ST #1	09, MIAMI, FLA. 33144-4264	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 4/09/1998	Document number: P980	00032751
	d street address of the current registere timent of State:	ed agent and registered office on file	with the
	ROBERTO RIVERON		
	1101 S W 128 TERRAC	E, # 302	// 9
	PEMBROKE PINES, FLA	ı. 33027	ALLAK ALLAK
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered	
	SIMON VELASQUEZ		AHIO OO EE, FLORM
	5640 N W 113 PLACE		
	(P.O. Box NOT accept	table)	
			· ·
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office o	of its registered agent,
Such change wanthorized by i	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by n notified in writing of the change.	an officer so
Jety.	west an officer of director)	ROBERTO RIVERON-	PRESIDENT and title)
I hereby accept I further agree of my duties, ar document is be corporation ho	t the appointment as registered agen to comply with the provisions of all a nd I am familiar with and accept the ing filed merely to reflect a change i s been potified in writing of this cha	t and agree to act in this capacity statutes relative to the proper and a obligation of my position as regist in the registered office address, I he nge.	complete performance ered agent. Or, if this ereby confirm that the
/m	27	10/08/2005	
8	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)		a-6 -
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* * * FILING FEE: \$35.00 * * *