NAME DEANGULO BARBARA MYRIAM STREET ADDRESS 4206 N.W. 65 AVE. CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE PD Delete NAME FERNANDO DE ANGULO JUAN STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUN	UNIFORM BUSI MENT # P98000 e technology, inc.	RT	(UBF	R)	FILED Apr 30, 2001 08:00 AM Secretary of State						
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Sufe, Apt. 6, etc. Sufe, Apt. 8, etc. Sufe, Apt. 6, etc. Suff,		GS FL	MIAMI	1	FL							
City & State	2. Principal Pl	ace of Business			•						-	
Mode P.	Suite, Apt.	#, etc.					DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent AGIM REGISTERED AGENTS, INC. 1209 BRICKELL AVE., STE. 999/RRA MIAMI FL 33131 US City City City City City City City City	City & State						(7 0075C04]
AGIM REGISTERED AGENTS, INC. 1200 BRICKELL AVE., STE. 900/RRA MIAMI FL 33131 US 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE ROBERT R. ADAMS, PRESIDENT 9. This corporation is eligible to satisfy its Intangible Tax Afting requirement and elects to do so. (See criteria on back) SIGNATURE ROBERT R. ADAMS, PRESIDENT 9. This corporation is eligible to satisfy its Intangible Tax Afting requirement and elects to do so. (See criteria on back) SIGNATURE ROBERT R. ADAMS, PRESIDENT 9. This corporation is eligible to satisfy its Intangible Tax Afting requirement and elects to do so. (See criteria on back) SIGNATURE ROBERT R. ADAMS, PRESIDENT 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIREET ADDRESS 13.3667 CITY-ST-27P CORAL SPRINGS 14. 33667 CITY-ST-27P CORAL SPRINGS 15. 33667 CITY-ST-27P TILE 16. MAME 17. STREET ADDRESS CITY-ST-27P CORAL SPRINGS 17. STREET ADDRESS CITY-ST-27P TILE 18. MAME 18. STREET ADDRESS CITY-ST-27P CORAL SPRINGS 17. ST-27P TILE 18. MAME 18. STREET ADDRESS CITY-ST-27P TILE 18. MAME 18. STREET ADDRESS CITY-ST-27P TILE 18. MAME 18. STREET ADDRESS CITY-ST-27P TILE 19. Delete 10. Change Addition 10. Ch	Zip		1 '		Country		5. Certificate of Status Desired \$8.75 Additio				_	
AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE., STE. 900 RNA MIAMI FL STITUS CITY MIAMI FL STORY MIAMI FL STO		6. Name and Address of Current I	Registered Agent	-		7.	Name ar	d Address of Ne	w Registered	d Agent		
MIAMI 33131 US City City MIAMI FL Zip Code S313131		·			AGI REC	dress (P.O.	Box Numi	per is Not Accepta	able)	···	 	_
2. 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. 2. SIGNATURE ROBERT R. ADAMS. PRESIDENT Squature, typed or primate of registered agent age	347 4 347	Ter.	r	F	1200 BKI	CKELL AV.	E., S1E. 90			· · · ·		
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 ROBERT R. ADAMS, PRESIDENT Square, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Note: FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S MAME DE ANGULO BARBARA MYRIAM SIBERT ADDRESS DE ANGULO BARBARA MYRIAM SIBERT ADDRESS 4206 N.W. 65 AVE. CITY-ST-2P CORAL SPRINGS FL 33067 CITY-ST-2P CORAL SPRINGS FL 33067 CITY-ST-2P CORAL SPRINGS FL 33067 CITY-ST-2P TITLE Delete MAME SIBERT ADDRESS CITY-ST-2P TITLE MAME MAME SIBERT ADDRESS CITY-ST-2P TITLE MAME SIBERT ADDRESS CITY-ST-2P TITLE MAME MAME MAME SIBERT ADDRESS CITY-ST-2P TITLE MAME MAME MAME MAME MAME MAME MAME MA						_		<u> </u>	F	_ Zip C	ode	_
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Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR