Post Cuban Agan Requ 8357 W. S Manu City/State/Z	Jechnologies Increstor's Name  Haglen St. Ste 123  Addiress  J 33144  ip Phone#	5559  \$000028316834 -04/07/9901013001
CORPORATION N	AME(S) & DOCUMENT NUM	IBER(S), (if known):
2	,	ocument #)
3(Corpo	ration Name) (D	ocument#) #9 9
4	,	ELEGIA F
Walk in	ration Name) (D  Pick up time  Will wait Photocopy	Certified Copy  Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Dire	ctor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
		- * · -
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	RA Chq.
Name Reservation	Reinstatement	1
	Trademark	100 100 1 1000
	Other	VS APR 1 4 1999
Į.	Ottlet	
		Examiner's Initials

CR2E031(1/95)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED Check # 1157 AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the 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. 1. The name of the corporation is: 2. The mailing address of the corporation is: 3. Date of incorporation/qualification: <u>Ju</u> Document number: 4. The name and address of the current registered agent and office; 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 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. (Signature of an officer, chairman or vice chairman of the board) (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. BARREIRO HAMA If signing on behalf of an entity: (Capacity) (Typed or Printed Name) \* FILING FEE: \$35.00 \* \* \*

CR2E045(7/97)