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# ivision of Corporations

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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From:

: JIM SIERRA & ASSOCIATES Account Name

Account Number: 110677000356 Phone : (305)271-7310

: (305)271-4422 Fax Number

### REGISTERED AGENT CHANGE

GRUEIN INTERNATIONAL TRADING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

11/15/00

FROM: TAXSMART INC JIM SIERRA ASSOC PHONE NO.: 305 271 4422

Nov. 15 2000 11:59AM P2 Charter No. / 78 000 073 7 9 3

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# STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1115	e purpose of changing its registered office and registered agent in the state of Florida,
1.	The name of the corporation is:GRUEIN INTERNATIONAL TRADING, INC.
2.	The name and address of its present registered agent is:  ISIDRO L'GUTIERREZ  11495 SW 60th Street  MIAMI, FL 33173
3.	The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)
	15330 SW 55th Terrace
	MIAMI, FL 33185
4.	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5.	Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.    FERNANDO ESTEVES - Director   Signature   (President or Vice President)
	Date 10/30/00
AI AI AI OI	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE BOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURMER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER ND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE BLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505. FLORIDA NATUTES.
Pi	ease Print/Type Name INGRID V ENDARA
	gnature
•	(Agent)
D:	CIS 4/92 FILING FEE \$35
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