P98000098857

FILED

TRANSMITTAL LETTER

02 SEP -3 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: AMART, INC
(Name of corporation)

DOCUMENT NUMBER: P98000098857

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:

AMADO RAFAEL
(Name of person)

AMART, INC.
(Name of firm/company)

1590 N.W. 29TH STREET
(Address)

MIAMI, FL 33142
(City/state and zip code)

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-09/03/02--01042--022
*****35.00 *****35.00

For further information concerning this matter, please call:

AMADO RAFAEL at (305) 633-3339
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

PS 9/3/02

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: AMART INC.

2. The principal office address: 1590 N.W. 29th. STREET
MIAMI, FL 33142

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11-20-98 Document number: P98000098857

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

AMADO LUIS RAFAEL
1345 PENNSYLVANIA AVE. SUITE# 17
MIAMI BEACH, FL 33139

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

AMADO LUIS RAFAEL
1590 N.W. 29TH STREET
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL 33142

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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

AMADO RAFAEL - PRESIDENT
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

8-27-02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314