

P9800010410

Charter Number Only

VALIDATION ONLY

FILED
00 FEB 11 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Giovanni P. Castellanos

Requestor's Name

1214 SW. 209 St.

Address

miami, FL 33135.

City

State

ZIP

Phone

CORPORATION(S) NAME

700003125367--0

-02/07/00--01019--010

*****35.00 *****35.00

Famiglia ~~Corp~~ Business, Corp.

RECEIVED
00 FEB -7 AM 9:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- | | | |
|----------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
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W.P. Verifier

G. COULLETTE FEB 11 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 7, 2000

EMPIRE

TALLAHASSEE, FL

SUBJECT: FAMIGLIA BUSINESS CORP.
Ref. Number: P98000101410

We have received your document for FAMIGLIA BUSINESS CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to complete #Fourth of the application. Please check one of the sentences which best describes the manner of adoption.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 900A0000608

RECEIVED
00 FEB 11 AM 10:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FAMIGLIA BUSINESS, CORP.
(present name)

34%

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 02-01-00

FOURTH: Adoption of Amendment(s) (check one)

X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment (s) was/were sufficient for approval.

 The amendment(s) was/were adopted approved by the shareholders through voting groups.

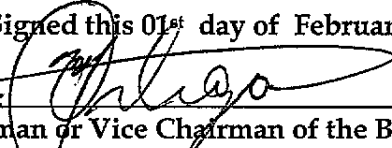
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

 The amendment(s) was/were adopted by the incorporates without shareholder action and shareholder action was not required.

Signed this 01st day of February, 2000

Signature 
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)


MANUEL DE JESUS ORTEGA, President/ Dir.