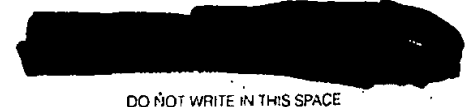


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 PM 2:04

DOCUMENT #: 799 00000518 ✓  
 Entity Name: Luis Del Castillo Enterprises, Inc.  
 Report Place of Business: 7417 Westcott Terrace, Lake Worth, FL 33467  
 Mailing Address: 7417 Westcott Terrace, Lake Worth FL 33467  
 Principal Place of Business: [Blank]  
 3. Mailing Address: [Blank]  
 Suite, Apt. #, etc.: [Blank]  
 City & State: [Blank]  
 Zip: [Blank] Country: [Blank]



DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0886348  
 Applied For: [Blank]  
 Not Applicable: [Blank]

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Del Castillo, Luis  
 7417 Westcott Terrace  
 Lake Worth, FL 33467

7. Name and Address of New Registered Agent  
 Name: [Blank]  
 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 City: [Blank] FL Zip Code: [Blank]

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: *Luis Del Castillo* DATE: [Blank]  
Signature typed or printed name of registered agent and date of signature. NOTE: Registered Agent's signature has no legal effect.

This corporation is eligible to satisfy its intangible filing requirements and elects to do so  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

| OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                            |
|------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|
| ADDRESS<br>ST-ZIP      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addict |
| ADDRESS<br>ST-ZIP      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addict            |
| ADDRESS<br>ST-ZIP      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addict            |
| ADDRESS<br>ST-ZIP      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addict            |
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| ADDRESS<br>ST-ZIP      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addict            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 P Del Castillo, Luis  Change  Addict  
 7417 Westcott Terrace  
 Lake Worth FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. **AD**

SIGNATURE: *Luis Del Castillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR