<u> </u>			RT (UB	FILED	
INTERNATIONAL SAFEHOLDINGS, INC				Apr 20, 2000 8:00 am Secretary of State	
INTERNATIONAL DAFEHOLDINGS, INC				04-20-2000 90081 048 ***158.75	
ONE 1621 A	PARK PLACE #240 JW 53RO STREET	Mailing Address	<u> </u>	× × ۷ ۲ ۵ ۵ U	
	LATON FL 3348 Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 0891124 Repplied For Not Applicable	
Zip	Country .	Zip ·	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	L	7. Name and Address of New Registered Agent	
REGINA RODRIGUEZ 509 SHADY PINE WAY BI WEST PALM BCH FL 33415			Name JENE LABOUITZ Street Address (P.O. Box Number is Not Acceptable) 1402 EAST LAS OLAS BLUD SULTE 219 City FORT LAUDERDALE FL Zin Code 33330(		
8. 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 SIGNATURE					
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ría on back)	The state of the s	II FEE IS \$150. 00 Fee will be \$ le to Departmen	\$550.00 Trust Fund Contribution Added to Fees	
<b>11.</b> TITLE	OFFICERS AND I		12. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY - ST- ZIP			NAME STREET ADDRESS CITY-ST-ZIP	LINDA KUCICUL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Change HADDItion LINDA KUCICH S 1461 SW 82ND AVE #1412 PLANTATION FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUD. FL 33301	
TITLE NAME STREET ADORESS CITY - ST - ZIP		Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETTARY Change Addition LAWSRENCE ADAM GARDNER 1402 E LAS OLAS BLUD # 219 FORT LAND. FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Addition	
13. 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 Mostee 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.					
SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date					