FILED May 18, 2000 8:00 am Secretary of State

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1. Entity Name

MRLMB ASSOCIATES, INC.

Principal Place of Business Mailing Address 715 GRANCON BLVD. #555 REF BISCAYNE FL 33149 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Zip Country Zip Zip Zip Zip Zip Z					02 03 2000 0003		
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Apt #, etc. 5. Julio, Apt #, etc. 5.	715 CRANDON BLVD. #505 715 CRANDON BLVD. #505				03-03-2000 90020	3 029 ****	130.00
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City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Face Required S. Name and Address of Current Registered Agent Name CALVO, LIZABETH F 328 CRANIOON BLVD. SUITE 228 KEY BISCAYNE FL 33149 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangibly risk financing Syrac (See citetia on back) of the State of State MAY 1, 2000 Fee with be \$550.00 After MAY 1, 2000 Fee with be \$550.00 This Fleeting requirement and excits to do so. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DELTRAIN, LUZ MARY SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delte THE Delte THE NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delte THE NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delte THE NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delte THE NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delte The The The The The The The The The Th	Principal Place of Business 3. Mailing Address						
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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 trusted employered to execute visits 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 employered.

CITY-ST-ZIP

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR