

May 14, 1999

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Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent Or Both For Corporations

Dear Sirs:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been signed, as well as my check in the amount of \$35 to cover the filing fee. I would appreciate your filing this with your office.

If you have any questions with regard to this matter please do not hesitate to contact me.

Yours truly,

J. GERARD CORREA, P.A.

Dot Admire Secretary

enclosure

Pfdq

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Torida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
ta. The name of the corporation is: Maria Louisa, Inc.
1b. Date of incorporation April 23, 1999 Document number 199000037218
2. The name and address of the current registered agent and office:
J. Gerard Correa, P.A.
275 - 96th Ave. N. #6, St. Petersburg, FL 33702  3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)
Antonio Schiano Di Scioarro
The street address of its registered agent and the street address of the business of its registered agent as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directly only
an officer so authorized by the board.
Antònio Schiano Di Scioarro  SIGNATURE  5-4-99  DATE  Antònio Schiano Di Scioarro  Typed or printed name and title  President & Director
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF

IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREETO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT. THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_	Du Dono	5 2 50	une
DATE 5-	(Register 4 - 999	ed Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-91) FILING FÉELISSSLOO