	IIFORM BUS)	FILED Aug 07, 2000 8:00 a Secretary of State						
S.M.L. INTERN	ATIONAL, INC.	- -				05-11-2000 90294 027 ***150.00				
Principal Place of Busin	DBSS	Mailing Address	 _	· 	_	•				
Principal Place of Business Mailing Address 905 N. RAILROAD AVE. 905 N. RAILROAD AVI W. PALM BCH FL 33401 W. PALM BCH FL 334										
2. Principal Place of B	usiness	3. Mailing Addres	is	· 						
Same ~~~ Suite, Apt. #, etc.		Same —— Suite, Apt. #, et				DO NOT WRITE IN THIS SPACE				
City & State	<u> </u>	City & State			4.	4. FE! Number / C POR T 201/ Applied For				
7:-						FEI Number 65 - 093 5 204 Applied For Not Applicable				
Zip	Country	Zip	Co	untry	5.	Certificate of Status Desired S8.75 Additional Fee Required				
6. Na	me and Address of Currer	nt Registered Agent	~ <u> </u>	Name	7.	Name and Address of New Registered Agent				
DAVILA, JOS 1905 N. RAILF W. PALM BC		o. /	Street Address (P.O. Box Number is Not Acceptable)							
	7/	Ya/	Y/ -	City		FL Zip Code				
9. This corporation is a	ped opportunate name of registered ages	nt and title if applicable	NOW!!! FE	ered Agent signature of E IS \$150.00 e will be \$550 Department of	equired when re	reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. DATE Added to Fees				
11.	OFFICERS ANI		12	2.	AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
STREET ADDRESS JO	esident sè M.Dàvila 5 N.Railroad	Ave WPB	N ST	TLE AME TREET ADDRESS TY-ST-ZIP	B	ECEIVED Addition				
ITTLE VAME STREET ADDRESS.		Dete	te 11 N#	TLE VME TREET ADDRESS TY-ST-ZIP		UN 1 3 2000 Addition Change Addition				
ITLE ;		- Ci Nele		TLE	<u> </u>	SU				
STREET ADDRESS CITY-ST-ZIP				REET ADORESS TY-ST-ZIP						
ITLE VAME STREET ADDRESS		☐ Defe	עא פר	TLE UME PREET ADDRESS		☐ Change ☐ Addition				
TTY-ST-ZIP TITLE VAME STREET ADORESS		☐ Dete	tle Ti	TY-ST-ZIP TLE MME REET ADDRESS		☐ Change ☐ Addition				
DITY-ST-ZIP		· Dela		TY-ST-ZIP		- Change				

13. I hereby certify that the information supplied with this fring 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 indicate embowered 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 active or with all other like empowered.

STREET ADDRESS -CITY-ST-ZIP--

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Of Required

DOCUMENT # P9900063458 1. Entity Name S.M.L. INTERNATIONAL, INC.					R		10 Attrohna	714	8		
Principal Place of Business 905 N. RAILROAD AVE. W. PALM BCH FL 33401			Mailing Address 905 N. RAILROAD AVE. W. PALM BCH FL 33401				Attohno	int			
2. Principal Place of Business Same Suite, Apt. #, etc.			3. Mailing Address Saft e Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FI	El Number 65 - 0935	204		oplied For ot Applicable	
Zip	Cour	ntry	Žip	Coun	try	5. C	Certificate of Status Desired		3.75 Add	ditional	
6. Name and Address of Current Registered Agent					Name	7. N	ame and Address of New Reg	Istered Ag	ent -		
905	ILA, JOSE M N. RAILROAD AV	···			Street Address (P.O. Box Number is Not Acceptable)						
W. PALM BCH FL 33401			\triangleright		City			FL	Zip Cod	e	
8. The above	named entity submi	ts this state for it th	ne purpose of changing its	registere	ed office or regis	tered age	ent, or both, in the State of Florio				
SIGNATURE _	Signature, typed or printed	name of registered agent and	title if applicable. (NOTE	: Registere	Agent signature requ	red when rea	nstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects o do so. (See criteria on back) FILE NOW!!! FEE After SEPTEMBER 13, 200 Make Check Payable to D				3, 2000	Min. will be \$7		10. Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be	
11.		OFFICERS AND DIF	I	12.			DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP		àvila ilroad Ave	□ Delete 2., 2.33401 <u>- 3303</u>] Change	☐ Addition	
TITLE NAME STREET ADDRESS	west Pai	m Beach, Fi	□ Delete		1			[Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAM! STRE			· La Land	[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	***	☐ Delete	TITLE NAMI STRE				C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		F			Ε] Change	☐ Addition	
13. I hereby certify that the information supplied with this king 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 eport 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 recover or trustee empowered to depute 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 appowered. SIGNATURE: SIGNATURE: Date Description of the corporation of the recovery of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied and section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this king does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the supplied with this king does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida St											

DIVISION OF CORPORATION Florida Department Of State P.0.Box No.6327 Tallahassee, Fl. 32314

Att:Stacy Prather **Document Specialist**

Srs:

Due to a mistake in the processing of the restructuring of SML INTERNATIONAL, INC., was sent the form 2000 UNIFORM BUSINESS REPORT(UBR)#99000034 Please note:

SML INTERTNATIONAL, INC., Jose M.Davila(President) 905 North, Railroad Ave., West Palm Beach, Fl. 33401-3303

The Company's new name:

DAVILA'S GROUP INTERNATIONAL, INC. Jose M.Davila (President) 905 Noth Railroad Ave., West Palm Beach, Fl. 33401-3303

We are sending this chang form application to DIVISION OF CORPORATION/TALLAHASSEE along with the application And the payment fees to this change name.

P99000063458