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June 19, 2000

Department of State
Division of Corporation
The Capitol
Tallahassee, Florida 32304

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-06/21/00--01049--001
*****35.00 *****35.00

re: Ishara, Inc.

Dear Reader:

Enclosed for filing is the Statement of Change of Registered Office and Registered Agent. Also enclosed is my check in the amount of \$35.00 representing payment for the filing fee.

Thank you for your courtesies in this matter.

Sincerely,


Mr. Blair M. Johnson

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 JUN 21 AM 9:29

FILED

BMJ/paa
Enclosures

ATA Change
6-29-00
DMS

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: ISHARA, INC.

2. The name and address of its present registered agent is:

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

MOHAMMAD AFZAL
166 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807

TALLAHASSEE, FLORIDA

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4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature _____

M. Afzal

(President or Vice President)

Date _____

6-16-00

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name _____

Mohammad Afzal

Signature _____

M. Afzal

(Agent)

Date _____

6-16-00