FOR PROFIT CORPORATION

FILED May 27, 2002 8:00 am

ONIFORM BUSINESS REPURT (UBR)					Secretary of State		
DOCUMENT # P990000 91/27 1. Entity Name					05-27-2002 90431 035 ***158.75		
MAIL PLUS INC							
DO NOT WRITE IN THIS SPACE					and Ringra		
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 10837 SW 186 ST 10837 SW 10837 SW			186 ST		- 146 - 146		
Suite, Apt. #, etc. ———————————————————————————————————		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
M'AMI FL Zip Country		City & State MI'AMI' — C Zip Country		4. FEI Number 65-0958 887	Applied For Not Applicable		
33/5	7 USA	33/57	- US		5. Certificate of Status Desired 7. Name and Address of Current Regis	ree Required	
Name							
DO NOT WRITE MAU					nicio Escobar		
IN THIS SPACE			-	Street Address (P.O. Box Number is Not Acceptable)			
			/O3	10387 SW 186 ST. BLOG 2-H City minmi FL Zip Code 33157			
// A // M.					11	FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Securiteria on back) January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State							
11.	OFFICERS AND D	IRECTORS					
TITLE	Presi /bizecton		TITLE		e i e e e		
NAME	ESCOBAR MAUNI	7/0	NAME				
STREET ADDRESS	10837 SW 186.	ST #2H	STREET ADDRESS				
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13. I hereby c	ertify that the information supplied with th	is filing does not qualify for the e	evernation state	nd in Speti	no 110 07/2)/(). Florido Otor do 117 d		

13 Interior certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 attachment with an address) with all other like empowered.

Proside Statutes; and that my name appears in Block 11 or on an example of the composition of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an example of the corporation of the corporation or the receiver or trustee and officer or director attachment with an address) with all other like empowered.

Proside Statutes:

**The corporation of the receiver or trustee and officer or director attachment with an address) with all other like empowered.

**Proside Statutes: (305) 971-1074

**The corporation of the receiver or trustee and officer or director attachment with an address) with all other like empowered.

**Proside Statutes: (305) 971-1074

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUNICIO ESCOMAR4/20/02 (305) 971-1074