

<b>DOCUMENT # S56861</b>			
1. Entity Name <b>CABOT &amp; LODGE ASSOCIATES, INC.</b>			
Principal Place of Business 3530 MYSTIC POINTE DR. MIAMI FL 33180 US		Mailing Address 3530 MYSTIC POINT DRIVE 1003 MIAMI FL 33180-4527 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>GOLDBERG, ALAN</b> <b>3530 MYSTIC POINTE DRIVE #1003</b> <b>MIAMI FL 33180</b>			Name
			Street Address ( )
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	GOLDBERG, ALAN		
STREET ADDRESS	3530 MYSTIC POINTE DRIVE		
CITY-ST-ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12.</b>			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.2(b)(1) of the Florida Statutes, Chapter 601, because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Part II, Article V, Section 601.20, Florida Statutes, and that the information has not been changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Alan Goldberg</u> (305) 936-XXXX			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

SIGNATURE: Alan Goldberg (305) 935-1909 April 5, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)