

S84648

Charter Number Only

9/21/98.

FILED
98 SEP 30 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Devaldes & Associates, Inc.

Requestor's Name

8404 S.W. 40 Street

Address

Miami, FL 33155

City

State

ZIP

Phone

(305) 553-8080

VALIDATION ONLY

600002647846--5
-09/24/98--01006--017
*****35.00 *****35.00

CORPORATION(S) NAME

MASTER PIECE INTERNATIONAL INC.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>CHAGE OF REGISTERED OFFICE</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
98 SEP 24 AM 9:06
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 24, 1998

EMPIRE

TALLAHASSEE, FL

SUBJECT: MASTER PIECE INTERNATIONAL INC
Ref. Number: S84648

We have received your document for MASTER PIECE INTERNATIONAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person listed as the new registered agent and the person signing accepting the appointment as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 198A00048175

RECEIVED
98 SEP 30 AM 10:07
DIVISION OF CORPORATION

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Master Piece International Inc

2. The mailing address of the corporation is: 6522 W. Flagler St.
Miami, FL 33144

3. Date of incorporation/qualification: 09/30/91 Document number: S84648

4. The name and address of the current registered agent and office:

Leticia Sensat-Alonso

2167 W. Flagler St.

Miami, FL 33135

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Tomas del Corral

3142 S.W. 4 Street (Rear)

Miami, FL 33135

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

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

(Signature of an officer, chairman or vice chairman of the board)

09/28/98

(Date)

Tomas del Corral, President

09/28/98

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

09/28/98

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)