TITLE V   Change   Addition   MAME   PERDIGAO MARCIO C   Delete   MAME					(ODI		Apr 30, 2 Secret		08:00		ž .	
### PATHON PATHO	3162 COMMO		3162 COMMODORE PLAZA							-	-	
Suite, Apt. 9, etc.    Suite, Apt. 9, etc.   Suite, Apt. 9, etc.   DO NOT WRITE IN THIS SPACE	MIAMI		MIAMI	US	FL							
City & State  City & State  City & State  Country  Countr	2. Principal P	lace of Business	3. Mailing Address								-	
Country   Country   Country   S. Certificate of Status Desired   S. 75 Additional Fee Regulator   S. Certificate of Status Desired   S. 75 Additional Fee Regulator   S. Certificate of Status Desired   S. 75 Additional Fee Regulator   S. Certificate of Status Desired   S. 75 Additional Fee Regulator   S. Certificate of Status Desired   S. Certificate   S. Certif	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DQ	NOT WRITE	E IN THIS SF	ACE	–	
So Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name Address of New Reg	City & State	е	City & State					<del></del>	<del></del>		<u> </u>	Ì
S. Name and Address of New Registered Agent  JIMENNEZ  ROSE G.  JIMENNEZ  ROSE G.  JAMEN BLAND  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Other Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number	Zip	Country	Zip	Coun	try			Desired		8.75 Ad	ditional	-
JIMENEZ ROSE G.  JACA COMMODORE PLAZA 83A JACA		6. Name and Address of Current F	Registered Agent			7.	Name and Address	of New Re				1
SIGNATURE  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  9. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation of the corporation of the corporation is eligible to satisfy its intargible in the floridate of the corporation of the corporation is eligible to satisfy its intargible in the floridate of the corporation of the corporation of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible to satisfy its intargible in the floridate of the corporation of the corporation is eligible to satisfy its intargible in the floridate of the corporation is eligible	3162 COMN					ddress (P.O.	Box Number is Not A	Acceptable)				
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  Spales, held or small rain all registered agent and submits a part of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Spales, held or small rain all registered agent and submits a fundament of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  STORE Agents and the selects to do so, (See criteria on back)  STORE No. 1			L		City					Zip Coc	le	_
SIGNATURE    Description   Solid   Description   Descripti	0 The element				<u> </u>		<u> </u>					
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  V PERDIGAO MARCIO C STREET ADDRESS  IN 142 COMMODORE PLAZA #SA  CITY-ST-2P  MIAMI  FL 33133  CITY-ST-2P  MIAMI  FL 3313			- 4					State of Fior	04/30/2	001		
TITLE V   Change   Addition   MAME   PERDIGAO MARCIO C   Delete   MAME	Tax filing r (See criter	requirement and elects to do so.	After MAY 1, 200 Make Check Payable	Fee	will be \$5	50.00						
MAME SIRET ADDRESS MAME MIRELES, PAULO CESAR MAME MERRELES, DAULO CESAR MAME MERRELES, PAULO CESAR MAME MERRELES, DAULO CESAR MAME MERRELES, CLAUDIA MARIA MAME MERRELES, CLAUDIA MARIA MERRELES, CLETO COPT MAMI MERRELES MAME MERRELES, CLETO COPT MAMI M				_		, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGE	S TO OFFIC	CERS AND D	IRECTOR	S IN 11	]_
TITLE S Delete NAME JIMENEZ ROSE G STREET ADDRESS CITY-ST-ZP MIAMI FL 33133 CITY-ST-ZP MIAMI FL	NAME STREET ADDRESS	PERDIGAO MARCIO C 3162 COMMODORE PLAZA #3A		NAM STRE	E ET ADDRESS				[	☐ Change	☐ Addition	E034 (11/00)
TITLE V MEIRELES, PAULO CESAR MEIRELES PAULO CV STREET ADDRESS 3162 COMMODORE PLAZA #3A CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP MI	NAME STREET ADDRESS	JIMENEZ ROSE G 3162 COMMODORE PLAZA #3A	,	NAM STRE	e et address				[	Change	☐ Addition	⊣ਨ
TITLE VD STREET ADDRESS ALCOMMODORE PLAZA #3A ST	TITLE NAME	V MEIRELES, PAULO CESAR		TITLE	E	MEIRELE			]	Change	Addition	-
MEIRELES, CLAUDIA MARIA  MEIRELES, CLAUDIA MARIA  MAME  MEIRELES  MIAMI  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MEIRELES  MIAMI  MEIRELES  MIAMI  MEIRELES  MEIRELES  MEIRELES  MIAMI  MIA	CITY-ST-ZIP	MIAMI	FL 33133	CITY	-ST-ZIP	MIAMI			FL 3	3133		
TITLE DPT STREET ADDRESS 3162 COMMODORE PLAZA #3A  CITY-ST-ZIP MIAMI FL 33133  CITY-ST-ZIP MIAMI FL 33133  CITY-ST-ZIP MIAMI FL 33133  CITY-ST-ZIP Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133  CITY-ST-ZIP 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 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 trustee empowered 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 address, with all other like empowered.  SIGNATURE: ROSE GRACE JIMENEZ  S 04/30/2001	NAME STREET ADDRESS	MEIRELES, CLAUDIA MARIA 3162 COMMODORE PLAZA #3A		NAM: STRE	E Et address	MEIRELE			[	Change	☐ Addition	
NAME MEIRELES, CLETO CAMPELO STREET ADDRESS 3162 COMMODORE PLAZA #3A  CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP  13. I hereby certify that the information supplied with this filing 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 trustee empowered 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 address, with all other like empowered.  SIGNATURE:  ROSE GRACE JIMENEZ  S 04/30/2001				CITY	-ST-ZIP	MIAMI			FL 3	3133		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	13. I hereby of indicated of the corchanged,	on this report of supplier tental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute and that my wered to execute this report a vith all other like empowered.	he exer signat s requir	mption stat ture shall hared by Cha		e legal effect as if ma orida Statutes; and th S 04/30	ide under oa at my name /2001	ath; that I am appears in E	an officer Block 11 o		

Daytime Phone #