FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00					FILED		
			FLORIDA DEPARTMENT OF STATE		Jan 21 1997 8:00am		
	IAL REPORT		Sandra B. Mortham				
•	1997 Division of corporations			Secretary of State			
		29016 ING.INC.	(5)				
Principal Place 2781 NW 104 (MIAMI FL 3317 US	ст	278	ling Address 1 NW 104 CT MI FL 33172-2167		E (0014 011010 11010 1011 88104 11010 0	A DIBA DIDII ALDI GIDIT DIDI	010 41 (01 1
					3. Date Incorporated or Qualified 04/16/1992	3a. Date of Last R 03/20/1996	eport
· · · ·	ace of Business	huming .	Mailing Address		4. FEI Number 65-033 1382		plied For
21 Suite, Apt 1	#, etc	26	Suite, Apl. #, etc.		5. Certificate of Status Desired	S8.75	
22 City & State)	27	City & State		6. Election Campaign Financing	Fee Re \$5.00	
23	L. Country	28	¥	Country	Trust Fund Contribution	DebbA	to Fees
Zip 24	Countr 25	29	Ζιρ	Country 30	 This corporation has liability for Florida Statutes 	Yes 🗋 No	. 199.032,
	9. Name and Addre	ss of Current Registe	ered Agent	61 Name	10. Name and Address of New R	egistered Agent	
2781	1 NW 104 CT MI FL 33172			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
				83			
				84 City		FL 85 Zip	Code
agent La [.] SIGNATURE	m familiar with, and add	ept the obligations of,	Section 607.0505, Flo applicable (NOT	uthorized by the corpor- rida Statutes Registered Agent signature req 13.	ation's board of directors. I hereby accu uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	P		DEL ETE	1.1 TITLE	***************************************	Change	Addition
NAME STREET ADDRESS	MARCELIN, LUIS 2781 NW 104 CT			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL 33172			1.4 CITY - ST-ZIP			Addition
THTLE NAME	V REYES, JOSE M		DELETE	2.1 TITLE 2.2 NAME		Change	Addition
STREET ADDRESS	AVE. FRANCISO D	E MIRANDA CENTR	io plaza	2.3 STREET ADDRESS			
CITY - ST - ZOP TITLE	CARACAS, VENEZ	UELA	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STPEET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	·	Change	Addition
NAME				4. 2 NAME			
STREET ADDRESS CITY - ST- ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZiP			
TITLE			DELETE	5.1 DILE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS CITY-ST ZIP				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE			DELETE	6.1 THLE	······································	Change	Addition
NAME				6.2 NAME			-
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP 14. I do hereb	by certify that the inform	aroo supplied with the	s filing does not quali	64 CITY-SI-ZIP y for the exemption state	ed in Section 119.07(3)(i), Florida Statu	es. I further certify that	the
l am an ol	n indicated on this anni licer or director of the h Block 12 or Block 13 i	lorp ration or the rece	iver or trustee empow	ered to execute this rep	at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes; and that my i	name