

DOCUMENT # V49993			
1. Entity Name THE AMERICAN WIZARD INC.			
Principal Place of Business 9300 N.W. 25TH STREET 108 MIAMI FL 33172 US		Mailing Address 9300 NW 25TH STREET 108 MIAMI FL 33186-6865 US	
2. Principal Place of Business 10621 N. KENDALL DR. Suite, Apt. #, etc. 126 City & State MIAMI , FL Zip 33176 Country		3. Mailing Address 10621 N. KENDALL DR Suite, Apt. #, etc. 120 City & State MIAMI , FL Zip 33176 Country	
6. Name and Address of Current Registered Agent			
LUIZ A SAO PAULO 10060 SW 137 CT. MIAMI FL 33186			Name
			Street Address ()
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
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 type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PAULO, LUIZ A SAC 10060 SW 137 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIJJAR, SANDRA JOSEF 10060 SW 137 CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE. X Saunders Ref. # 911 X 3/28/00 X (305) 412-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)