155041

(Requestor's Name)



CARIBBEAN OFFSHORE CONNECTION, INC 7904 N.W. 66 STREET MIAMI, FL 33166

600012462596

(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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<u>, </u>					
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508 State ofFLORIDA	
	g statement in order		ered office or registered	
1. The name of the c	opporation: <u>CARI</u>	BBEAN OFFSHO	RE CONNECTION;	inc.
		100 AT 100 CANA ALAN SA ASSA AND ASSA ASSA ASSA ASSA ASSA		
2. The mailing addre			ST	
·				
3. Date of incorpora	tion/qualification;	7/31/92	Document number:	
4. The name and add	lress of the current re	gistered agent and re	gistered office:	13 MAR
	·	NA		TAR IASS
nes district				PH SEE
				F. 5
5. The name and add		tered agent (if chang). Box NOT Accept	ed) and /or registered of able)	Mee (if Charged)
	AU	RELIO S. TOB	AL	
	79	04 NW 66 ST		
	ı. MI	AMI. FL 3316		
The street address of agent, as changed, w			ess of the business offic	e of its registered
			ts board of directors or	by an officer so
(Signature of an o	flicer, chairman or vice chi	uirman of the board)	(Dat	/03 e)
AURELIO.	S.TOBAL-PRESI	DENT		
	Printed or typed name and	•		
Having been named corporation, I hereb I further agree to cooperformance of my a registered agent.	as registered agent of a control of the appoint of the appoint of the provision of the family of the	and to accept servic ment as registered a ions of all statutes r liar with and accept	e of process for the about sent and agree to act is clative to the proper and the obligation of my pe	ove stated in this capacity. id complete osition as
			3/13/03	
(Signatu	of Registered Agent)		(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an	•			
AURELIO.S. 7	POBAL or Printed Name)		REGISTERD AGE (Cupacity)	ŊŢ
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	***	ILING FEE: \$35.0	0 * * *	

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