SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (5) SHARCO INVESTMENTS, INC. Principal Place of Business Mailing Address 5150 SW 75 STREET 5150 SW 75 STREET MIAMI FL 33143 MIAMI FL 33143 US US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1890064 21 26 Not Applicable Suite, Apt. #. etc. Suite, Ant #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI 81 1500 MIAMI CENTER 201 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIAM! FL 33131 84 City 85 Zip Code Fl Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE 1 1 TITLE Change Addition DELETE NAME **NEVILLE.DEBRA** 1.2 NAME 5150 SW 75 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition ATTIN, KEN NAME 2.2 NAME 5150 SW 75 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ___ DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZII 4.4 CITY ST-ZIP TITLE 5.1 TITLE DELETE __ Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Title 6.1 TITLE DELETE ___ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 enrural report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE:

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