

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # L12462 (2)
1. Corporation Name
LICENSE CORP. NO. 2



Principal Place of Business Mailing Address
% CHARLES MATTHEW FERNANDEZ 2960 CORAL WAY MIAMI FL 33145
% CHARLES MATTHEW FERNANDEZ 2960 CORAL WAY MIAMI FL 33145

| | | | |
|---|--|--|---------------------------------------|
| 2. Principal Place of Business 21 2828 CORAL WAY | 2a. Mailing Address 26 2828 CORAL WAY | 3. Date Incorporated or Qualified 08/30/1989 | 3a. Date of Last Report 04/14/1995 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0154903 | Applied For Not Applicable |
| City & State 23 MIAMI, FL | City & State 28 MIAMI, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 33145 | Country 25 | Zip 29 33145 | Country 30 |
| 9. Name and Address of Current Registered Agent FERNANDEZ, CHARLES MATTHEW 2960 CORAL WAY MIAMI FL 33145 | | 10. Name and Address of New Registered Agent | |

| | |
|---|-------------------------|
| 81 Name | 85 Zip Code FL 33145 |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | |

11. 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 the officer or director and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D FERNANDEZ, CHARLES M. <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D,C Cecil Heftel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2960 CORAL WAY | 1.2 NAME | 6767 W.TROPICANA AVE, #102 |
| STREET ADDRESS | MIAMI FL | 1.3 STREET ADDRESS | Las Vegas, NV. 89103 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D SUAREZ, AMANCIO V. <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D,P Carl Parmer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2960 CORAL WAY | 2.2 NAME | 6767 W.TROPICANA AVE, #102 |
| STREET ADDRESS | MIAMI FL | 2.3 STREET ADDRESS | Las Vegas, NV. 89103 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D SUAREZ, AMANCIO J. <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | V,S John T. Kendrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2960 CORAL WAY | 3.2 NAME | 6767 W.TROPICANA AVE, #102 |
| STREET ADDRESS | MIAMI FL | 3.3 STREET ADDRESS | Las Vegas, NV, 89103 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Kendrick John Kendrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96

(702) 367-3322

CR2E034 (3/96)