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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Jul 16 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # P9400037905 Principal Place of Business Mailing Address COLASSWALL INC. 12041 SW 110 ST CIR. South 3. Date Incorporated or Qualified 3a. Date of Last Report Miami 33156. 2. Principal Place of Business 2a. Mailing Address Applied For 21 12041 Sw 110 STCIR SO S'A mE 65.048930 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Cert-ficate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIANI Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032 DAGE 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAMIR MOUSSA Street Address (P.O. Box Number is Not Acceptable) 12041 S.W. 110 St. CIRCLE SOUTH 83 MIAMI FL 33186 84 City 85 Zip Code FL 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 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, typed or printed name of registered agent and time if apply labor (NOTE: Registered Agent is gradum regioned when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PID 1.1 Difue Change X Addition NAME Sname MoussA 1.2 NAME JAMES R. BROOMHALL, JR. 12041 3We 1105+ GREEK SOUTH STREET ADDRESS 1.3 STREET ADDRESS MINMI SPES PL 33166 UM minny 11- +3186 CITY-ST-ZIP 14 CHTY - ST- ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-SI-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 54 CHTY-ST ZIP **800001896018** -07/17/96--01020--025 TITLE DELETE 6.1 THTLE NAME 6.2 NAME ***61.25 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 for on an attachment with an address. 1-3-96 (30) 585 9982 SIGNATURE:

(96/8)