SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUXIST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO) ANSTATE; \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name P95000076508 (7) 8 BALL EXPRESS D JS, INC. Mailing Address Principal Place of Business 1040 N.W. 32ND ST. 1010 N.W. 32ND ST. MIAMI FL 33127 MIAMI FL 33127 3a. Date of Last Report Date incorporated or Qualified 10/05/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0620680 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Cert-ficate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip] Yes [ii] No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZAYAS, ARIEL Street Address (P.O. Box Number is Not Acceptable) 82 910 WEST AVENUE **SUITE 216** 83 MIAMI BEACH FL 85 Zip Code City 07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ta. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 607.0502 ar 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and 6-6-9C SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)ND E 12. OF FICERS Addition Change DELETE 1.1 TiTi F CR2E034 1.2 NAME GONZALEZ, VICTOR F NAME 1040 N.W. 32ND ST. 1 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33127** 14 C(TY - S1 - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME LOPEZ, WILFREDO NAME 255 N.W. 39TH STREET 23 STREET ADDRESS STREET ADDRESS **MIAMI FL 33127** 2 4 CITY - ST - ZIP CITY-SI-ZIP Change Addition DELETE 3.1 TITUE THE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP 7000018832**8 P**age 🗌 Addition DITY-ST-ZIP DELETE 513ILE TITLE -07/03/96--01040--040 5.2 NAME ***225.00 53STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CiTY - ST - ZiP DELETE 6.1 TiTLE THILE 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 64 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 Chiapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

that my name appears in Blo

SIGNING OFFICER OR DIRECTOR

or on an attachment with an address

6-6-96 654.8401 Date: Daylore Prese #