SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

APPROVEU AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 97 JUL 30 AM 9: 52 Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P96000074366 (1) **DOCUMENT #** ANGARA, INC. Principal Place of Business Mailing Address 13649 W. DIXIE HIGHWAY 13649 W. DIXIE HIGHWAY NORTH MIAMI FL NORTH MIAMI FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0706 2 5 2 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VASSILIEVA, MARIA 81 Name 13649 W. DIXIE HIGHWAY 82 NORTH MIAMI FL 63 ****165.00 ****165.00 84 City 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title 4 applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D-1-5 Change Addition TITLE ☐ DELETE 1.1 TITLE VASŠILIEVA, MARIA NAME 1.2 NAME 13649 W. DIXIE HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33261 CITY-ST-ZIP 1.4 CHY-ST-7IP D-V Change DELETE Addition TITLE 2.1 TULE **SEMENTCHUK, ANGELINA** NAME 2.2 NAME 13649 W. DIXIE HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI FL 33261 CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY - ST - 7)P CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME

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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 eath; that I am an officer or director of line 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 hanged, or on an atlachment with an address. 1/ASSILVENA

6.4 CITY - ST - ZIP

14. I do 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

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP