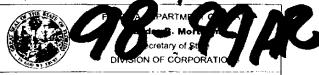
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION

SIGNATURE:



FILED

4/13/99 305-446-1544

1998 DOCUMENT # P9700096510 (7)				STATE OF STATE OF STATE OF STATE OF STATE
MARIAN	O CORRAL AND ASSOCIAT	ES, P.A.		
Principal Place of Business 2801 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134		Mailing Address 2801 PONCE DE LEON BLVI CORAL GABLES FL 33134	D. SUITE <b>200</b>	3. Date Incorporated or Qualified
Principal Place of Business 21		2a. Mailing Address 26		11/10/1997 4. FEI Number 65-080 1414   Applied For   Not Applicable
Suite, Apt. #, etc.  22  City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired \$8.75 Additional ree Required  6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 2 <sub>1</sub> p	Country	Trust Fund Contribution L. Added to Fees  8. This corporation owes or has paid the current year Intengible
24 POL	25  9. Name and Address of Curren ANOS, JOSE A		80 81 Name	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
2121 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES FL 33134				ress (P.O. Box Number is Not Acceptable)
44 - Burnan		- A 507 4500 Ft - Id Statute	84 City	FL 85 Zip Code
11. Pursuant office or agent. La	to the provisions of sections aby (USU), registered agent, or both, in the State am familiar with, and accept the obligation of the collection of the collec	2 apps07, 908, Florida Statutes d/Riorida/ Such change was au atlons of, section 607,0505, Flori	, the above-hamed corpo thorized by the corporati ida Statutes	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered ager		E Registered Agent signature request.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PRESIDENT, UP, T,S, MARIAND CORNAL 10021 SW 77 CT	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	MIAMI, FIA. 331	56	1.4 CITY-ST-ZIP	-06/10/9901077010
TITLE NAME STREET ADDRESS	,	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	非非非常。(The change Addulion
CITY-ST-ZIP TITLE NAME		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE	C nange Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADORESS		DELETE	5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ ( nange ☐ Addition
CITY-ST-ZIP TITLE NAME		DELETE	54 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	C hange Addition
STREET ADDRESS CITY-ST-ZIP	petity that the information cumplied with	this films done not qualify for the	6 3 STREET ADDRESS 6 4 CHY-ST-ZIP	ction 119 07(3)(i). Florida Statutes. I further certify that the information
an officer of	on this annual report or supplemental.	annual report is true and accura ceiver or trustee empowered to	te and that my signature	shall have the same legal effect as if made under oat i; that I am quired by Chapter 607, Florida Statutes; and that my name appears

MARIANO CORRAL