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

DOCUMENT # V39399 (3)

1. Corporation Name
NIGHTINGALE'S, INC.

Principal Place of Business	Mailing Address
35 NE 40TH ST. G9 MIAMI FL 33137 US	35 NE 40TH ST. G9 MIAMI FL 33137 US

2. Principal Place of Business 21 25 S.E. 2nd AVENUE Suite, Apt. #, etc 22 729 City & State 23 MIAMI, FLA. Zip 24 33131 Country 25 U.S.	2a. Mailing Address 26 25 S.E. 2nd Ave Suite, Apt. #, etc 27 Suite 729 City & State 28 MIAMI, FLA Zip 29 33131 Country 30 U.S

3. Date Incorporated or Qualified: 05/26/1992	3a. Date of Last Report: 09/26/1995
4. FEI Number: 65-0342923	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SANDLER, MARTIN L
1428 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131-2900

10. Name and Address of New Registered Agent

81 Name: SANDLER, MARTIN L.
82 Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Ave
83: Suite 729
84 City: MIAMI FL 85 Zip Code: 33131

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] 6/8/96
Signature required from person listed as registered agent and title if applicable. (NOTE: Typed or printed Agent's signature required when mailed in.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDLER, MARTIN L.	1.2 NAME	
STREET ADDRESS	~~1428 BRICKELL AVE., 6TH FLOOR~~ 25 S.E. 2nd Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDLER, TRICIA N.	2.2 NAME	
STREET ADDRESS	~~401 NE 40TH ST.~~ Suite 729 25 S.E. 2nd Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #