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 **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # 308029 AMERVEN INC 1 AND BURNES Mailing Address Principal Place of Business 600 N.E. 36TH ST. 600 N.E. 36TH ST. PH 8 PH B 3a. Date of Last Report MIAMI FL 33137 3. Date Incorporated or Qualified MIAMI FL 33137 08/29/1995 08/11/1966 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1150842 26 21 \$8.75 Additional Suite Apt #, etc. 5. Cortificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 Flection Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Stalutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 HAYS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 4418 IVERRARY BOULEVARD MIAMI, FLA 83 LAUDERHILL FL 33319 Zip Code City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (6-O1). The quote and Appendicular at a property which depend in our SIGNATURE Supplied in production products are of responses ago, can take tapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ____ Change ____ Addition 12 DELETE 1.1 MILE PD CR2E034 TITLE 1.2 NAME PIGNA, GLORIA NAME 1.3 STREET ADORESS 600 N.E. 36TH ST. STREET ADDRESS 1.4 CIEY - ST-ZIP Change Addition MIAMI FL 33137 CITY - ST - ZIP DELETE 2.1 THE TITLE 2.2 NAME PIGNA, MARIA DEL PILAR NAME 2.3 STREET ADDRESS STREET ADDRESS 8295 NW 56TH ST 2 4 CHY - ST - ZIP MIAMI FL Change Addition City-SI-ZiP DELETE 3.1 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP Change Addition CITY - ST - ZIP DELETE 4.1 THUE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY 5'-ZIP Change Addition CITY-S1-7IP DELETE 5.1 DILE TITLE 5.2 NAMI NAME 5 3 STHEET ADDRESS STREET ADDRESS 5 4 CITY ST-ZIP Change Addition CITY - SI - ZIP DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name approach is florida 13 if chapted or one as attachment with an address. 54 City - ST - ZIP

that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

and

OFFICER OR DIRECTOR

6- - 96 (305) 5733168