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 **DOCUMENT #** (8)431642 PIERRE RENALDO INC Mailing Address Principal Place of Business 6250 HOLMES BLVD. 6250 HOLMES BLVD. 46 NORTH BEACH VILLAGE 46 NORTH BEACH VILLAGE 3a. Date of Last Report HOLMES BEACH FL 34217 3. Date Incorporated or Qualified HOLMES BEACH FL 34217 12/27/1995 07/25/1973 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1492729 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be 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 210 Zip Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RENALDO, E.L. Street Address (P.O. Box Number is Not Acceptable) 82 6250 HOLMES BLVD. **46 NORTH BEACH VILLAGE** 83 HOLMES BEACH FL 34217 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-ramed 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, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating! Signarive types or present name of registered agent as offself appin able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1 1611 TITLE 1.2 NAME RENALDO, E.L. NAME 1.3 STREET ADDRESS 6250 HOLMES BLVD. STREET ADDRESS 1.4 CITY - ST - ZIP HOLMES BEACH FL 34217 Change Addition CITY - ST - ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST- ZIP Change Addition CITY-ST-ZIP DELETE 3 I TITLE THLE 3.2 NAME NAME 3 3 STREET ACCRESS STREET ADDRESS 34 CITY-ST ZIP Change Addition CITY - ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP Criange Addition CITY - ST - ZIP DELETE 51 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 61 TITLE THILE NAME STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 eath, 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 12 or Block 13 if changed, or on an attachment with an address 64 CITY - ST - ZIP

SIGNATURE:

6/6/96 941080083

(36/8)

CR2E034