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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 528757 (8)CASA MANOLO, INC. Principal Place of Business Mailing Address 6745 S. W. 8TH STREET 6745 S. W. 8TH STREET MIAMI FL 33144 MIAM! FL 33144 3. Date Incorporated or Qualified 3a, Date of Last Report 03/08/1977 09/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1726929 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DELGADO, IVAN Name 1620 S.W. 92ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 City Zip Code 85 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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when result drugs 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 THUE Change Addition DELGADO, IVAN O. NAME 1.2 NAME CR2E034 1620 S.W. 92ND PLACE STREET ADDRESS 13 STHEET ADDRESS MIAM! FL CITY-ST-ZIP 14 CHY - ST - ZIP TITLE DELETÉ 2.1 T-TLE Change Addition DELGADO, RICARDO NAME 2.2 NAME 10120 S.W. 34TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2 4 CITY - ST - 2IP TILLE DFLETE 3 1 1HILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 HILE Change Addition NAME 4-2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - ZIP TITLE DELETE 51 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 Tifle Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 OTY-S?-7:P 14. I do hereby certify that the information supplied with this filing is voluntarily further certify that the information indicated on this annual report or supplemade under oath, that I am an officer or director of the corporation or the residual of the corporation of the residual of the residual of the corporation of the residual of the corporation of the residual of t exclud and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I and annual report is true and accurate and that my signature shall have the same legal effect as if ever or trustee empoying did not be course the appearance of trustee empoying did not be course the appearance of trustee empoying did not be course the appearance of trustee. that my name appears in Block 12 or Block 13 if changed, or on an at-IVAN DELGADO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME