SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$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 #** (4)545221 THE GOUTIS CORPORATION Mailing Address Principal Place of Business 4729 VAN BUREN ST 4729 VAN BUREN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 09/14/1977 Applied For 4. FEI Number Mailing Address Principal Place of Business 2a. 2. Not Applicable NA 59-1762551 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election 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 N/A Florida Statutes 30 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CORWIN, EDWARD PAUL, ESO. Street Address (P.O. Box Number is Not Acceptable) 4621 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021 83 Zip Code 85 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and time if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE PD CR2E034 12 NAME GOUTIS, ANTHONY NAME 1.3 STREET ADDRESS 4729 VAN BUREN ST. STREET ADDRESS 14 CiTY - ST. ZIP HOLLYWOOD FL Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 3.1 THILE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 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 Change Addition CITY-ST-ZIF DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADORESS STREET ADDRESS 5.4 CiTY - \$1 - ZiP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS 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 1 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 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 12 or Block 13 if changed, or on an attachment with an address 6 4 CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: