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

FILED
Jun 26 1996 8:00 am
Secretary of State

DOCUMENT # 563433 (2)

1. Corporation Name

GULLWING INTERNATIONAL CORPORATION

Principal Place of Business
4300 S.W. 73RD AVENUE
MIAMI FL 33155

Mailing Address
4300 S.W. 73RD AVENUE
MIAMI FL 33155

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/24/1978
3a. Date of Last Report: 06/12/1995
4. FEI Number: 59-2037008 — 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

~~TAFFER, JACK J., ESQ.~~
~~3301 NE 2ND VE~~
~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent

B1 Name: SOUTH FLORIDA REGISTERED AGENTS, INC.
B2 Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard
B3 Suite 4750
B4 City: Miami FL
B5 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 ______ David A. Freedman, Vice President 6/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RARES, JOSEPH W.		1.2 NAME		
STREET ADDRESS	4300 SW 73RD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	~~TAFFER, JACK~~		2.2 NAME	JOSEPH W. RARES	
STREET ADDRESS	~~3301 NE 2ND AVE~~		2.3 STREET ADDRESS	4300 S.W. 73 AVE	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	MIAMI FL 33155	
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ JOSEPH W. RARES June ____, 1996 (305)261-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #