FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # Terre Neuve Corp. Principal Place of Business Mailing Address 9044 State Road 84 Davie, Florida 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/78 07/17/95 2. Principal Place of Business 2a. Mailing Address Applied for 21 ²⁶ 7770 West Oakland Park Blvd. 59-1845547 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Suite 470 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Sunrise, FL Trust Fund Contribution Added to Fees Zin Country Z(p)8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 33351 Yes No 30 Florida Statutes U.S. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Norman D. Kaplan, P.A.
Street Address (P.O. Box Number is Not Acceptable) 7770 West Oakland Park Boulevard Suite 470 84 Zip Code 33351 Sunrise, 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 apply the obligations of Section (07.0505, Florida Statutes). SIGNATURE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THLE President 1 1 To F Change Addition NAME Kenneth Flanz 1.2 NAME STREET ADDRESS 9044 State Road 84 1.3 STREET ADDHESS CHTY-ST-ZIP Davie, FL 33324 14 Culy - ST - 2h TIFLE DELFTE 2.1 DE 6 Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CiTY-ST-ZiP 24 C TY - \$1 - 20 TITLE DELETE 3 I TallE . Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ACCRESS CITY - ST - ZIP 3.4 City - ST - 2IF THILE DELETE 4 1 Til, E Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET AD IR ESS CITY - ST - ZIP 4.4 C/TY - \$1 - 2/F DELETE 5 11 THE 4000018568**8**4** ■ Addition 5.2 NAME NAME -06/10/96--01017--044 STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY - ST - ZIP 5.4 CITY - \$1 - 2IF TITLE DELETE. 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY-ST-ZIP 64 CITY - ST- 7 P 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 11907(3)(k). Florida Statutes. I furthe 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 und 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 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: