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 (6)**DOCUMENT #** 600594 DRS. OAKLANDER AND ZEDECK PROFESSIONAL ASSOCIATI ON Mailing Address Principal Place of Business PROFESSIONAL ASSOCIATION PROFESSIONAL ASSOCIATION 838 N W 183RD STREET 838 N W 183RD STREET 3a. Date of Last Report MIAMI FL 33169 3. Date Incorporated or Qualified MIAMI FL 33169 01/25/1995 11/26/1968 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1224821 Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 23 Country Zφ Country Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name 81 OAKLANDER, JULES Street Address (P.O. Box Number is Not Acceptable) 82 838 NW 183RD STREET MIAMI FL 33169 83 85 Zip Code 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. Thereby 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 relocating) SIGNATURE Signature, typically provided in energy responsed agent and the diagramatic (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12. DELETE 1.1 THEE CR2E034 THILE 1.2 NAME OAKLANDER, JULES NAME 13 STREET ADDRESS 838 N W 183RD ST STREFT ADDRESS 1.4 CITY - S - 71P MIAMI, FL 00000 Change Addition CITY - ST - ZIP DELETE 21 TiTUE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 71P Change ____ Addition CITY ST-ZIF DELETE 3.1 THEF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY 31-ZIP Change Addition CITY-ST-ZIP 4 1 THLE DELETE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - 51 71P Change Addition CITY-ST-74F DELETE 5.1 16 LE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C(1) - \$1 - Z(P Change Addition CITY - ST - ZIP DELFTE 6 1 T:TLF TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 made under oath that I am an officer or director of the comportation or trustee empowered to execute this report as required by Chapter 617. Flor dia Statutes and that my name accurate a Ricch 13 if changed or on an attachment with an address. 6.4 CITY ST-ZIP that my name appea JUES CAKURICEIL

SIGNATURE:

0061324