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

APPROVED AND FILED
96 AUG 26 AM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 664880 (2)

1. Corporation Name
SEVEN STEPS, INC.

Principal Place of Business
9390 NW 27TH AVE
MIAMI FL 33147

Mailing Address
9390 NW 27TH AVE
MIAMI FL 33147

2. Principal Place of Business 21
Suite, Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt # etc 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/29/1980
3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-1977395 ☐ 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
BRUTON, TOMMY
11298 N.W. 21ST COURT
MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	EARLY, GEORGE	
STREET ADDRESS	1864 NW 48 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KELLY, A K	
STREET ADDRESS	1364 NW 53 ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	☐ DELETE
NAME	STEWART, LEO	
STREET ADDRESS	12121 N.W. 22 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	BRUTON, TOMMY	
STREET ADDRESS	11298 NW 21 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	100000115 ... 1	
1.3 STREET ADDRESS	-08/28/96--01021--001	
1.4 CITY-ST-ZIP	****343.75 ****343.75	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	8/26	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy Bruton — 8-1-96 — (305) 638-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #