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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # F05816 (6)LORMIC, INC. Principal Place of Business Mailing Address C/O 244 NW 35TH ST C/O 244 NW 35TH ST MIAMI FL MIAMI FL 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1980 05/01/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-2053271 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country This corporation has liability for intangible tax under s. 199.032, 24 25 🗶 Yes 🗌 No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SALAMON, MICHAEL 244 SW 35TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 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 Fiorida. 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 prints, timple of registered algorit and time trapplicative (NOTE: Regulatered Agent's gnature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 11111 Change Addition NAME SALAMON, MICHAEL 1.2 NAME CR2E034 244 NW 35TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHY-SI-ZIP TITLE DELETE Change Addition 21 Ditte NAME 2.2 NAME STHEET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CHTY - ST ZIP TITLE DELETE 3.1 TITLE Change ____ Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP DELETE TITLE 4 1 TiTLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

6.4 City - St - ZiP

CITY - ST-ZIP

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 arm 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:

(3.6)