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 DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (1)F57836 KANGURO EXPRESS. INC. Mailing Address Principal Place of Business 3018 N.W. 79TH AVENUE 3018 N.W. 79TH AVENUE MIAMI FL 33122 **MIAMI FL 33122** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/09/1981 05/01/1995 4. F£I Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2149241 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Country Zιρ Yes No Florida Statules 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 VERAS, PEDRO, M Street Address (P.O. Box Number is Not Acceptable) 3018 NW 79TH AVENUE MIAMI FL 33122 83 85 Zip Code 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. SIGNATURE (NOTE: Registered Agent's greature required when reinstating) Signature, typed or protect name of registered agent and the if applicable (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 THILE TITLE PN CR2E034 12 NAME NAME MURMANN, ROLAND 1.3 STREET ADDRESS 3018 NW 79TH AVENUE STREET ADDRESS 1 4 CITY - ST - ZIP MIAMI FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME DELFINO, ALFREDO NAME 2.3 STREET ADDRESS STREET ADDRESS 3018 NW 79TH AVENUE MIAMI FL 2 4 CHTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 DILE TITLE SD VERAS, PEDRO M. 3.2 NAME NAME 3018 NW 79TH AVENUE 3 3 STREET ADDRESS STREET ADDRESS MIAMI FL 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Ade tion DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filmous voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutos I further certify that the information indicated on this annual report or expolemental 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 directer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutos, and made under oath; that I am an officer or director of the cithat my name appears in Block 12 or Block 13 if change that my name appears in Block 12 or Bl an attachment with an address SECRETARY X 7/15/96 XDOSTO CHICAL

SIGNATURE: >