FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jul 01 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # F94000002163 First American Exchange Corporation Mailing Address
510 Bienville St. Principal Place of Business Bienville St. 510 New Orleans, LA New Orleans, LA 70130 70130 96 2. Principal Place of Business 2a. Mailing Address Applied For 26 72126389 Not Applicable Suite. Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιο Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ajoie, John 2807 Remington Green Circle Tallahassee, FL 32308 82 Street Address (P.O. Box Number is Not Acceptable) 63 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition Change NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-7IP 21 HILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP DELETE TITLE 3.1.7/TLE Change ... Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS New Orleans, LA 70130 CITY - ST - ZIP 3.4. C(1Y - ST - 7)P TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 11111 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-2IP DELETE TITLE S 1 TITLE Addition NAME 62 NAME -07/02/97 STREET ADDRESS 63 STREET ADDRESS ***550.00

14. I do hereby certify that the information supplied with this filing 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 eath; 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

FILED

6/25/97(504)588-9252