SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED PROFIT Aug 01 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # F96000000791 (1) JOSEPH DILLON & COMPANY, INC. Principal Place of Business Mailing Address 107 NORTHERN BLVD 107 NORTHERN BLVD **GREAT NECK NY 11021 GREAT NECK NY 11021** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 26 11-3175340 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution \Box Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JALOZA . 81 Jaloza, Eric ERK Street Address (P.O. Box Number is Not Acceptable)
2600 N. M. K. TARY TRAIL 5084 ASHLEY LAKE DR #934 82 **BOYTON BCH FL 33437** 83 84 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. I am familiary with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE no of registered agent and title if applicable (NOTE: Registrated Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE Change 1.1 TITLE JALOZA, STEVEN R NAME 1.2 NAME 107 NORTHERN BLVD STREET ADDRESS 1.3 STREET ADDRESS **GREAT NECK NY 11021** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 THLE FERDMAN, OLEG NAME 2.2 NAME 107 NORTHERN BLVD STREET ADDRESS 2.3 STREET ADDRESS **GREAT NECK NY 11021** City-St-ZIP 2. 4 CITY- \$1-2IP DELETE ñν Change Addition TITLE 3 1 TITLE FRADELLA, SALVATORE NAME 3.2 NAME 107 NORTHERN BLVD STREET ADDRESS 3.3 STREET ADDRESS **GREAT NECK NY 11021** CITY-ST-ZIF 3.4. CITY- ST-ZIP DELFTE TITLE Change Addition 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fiting 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 poport 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 governor to the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

63 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

TITLE

NAME

STREFT ADDRESS

CITY-ST-ZIF

2/2/97

Change

Addition