SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 24 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (0)SISLER-BAAL MANAGEMENT COMPANY Principal Place of Business Mailing Address 111 SW 5TH AVE. 7961 SW 148TH ST. MIAMI FL 33130 MIAMI FL 33158 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1982 08/05/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 59-2241808 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Żip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SISLER, GARY 7961 SW 148TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33158** 83 84 City 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 hoard 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 appacable (NOTE Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE SISLER, GARY 1.2 NAME NAME 7961 SW 148TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3171111 Change Addition TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - Z(P DELFTE Change Addition 4.1 THLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/TY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITL€ 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE ___ Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CrTY - ST - ZIP

14. To 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 logal effect as if made under I am an officer or director of the corporation or the receiver or trustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

hand the same logal effect as if made under oath; that hand the same logal effect as if made under oath; that hands 607, Florica Statutes; and that my name