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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4)G16660 M.A. CABRERA & COMPANY P.A. Mailing Address Principal Place of Business 2 SOUTH UNIVERSITY DR. 2 SOUTH UNIVERSITY DR. SUITE 330 SUITE 330 3a. Date of Last Report PLANTATION FL 33324 3. Date Incorporated or Qualified PLANTATION FL 33324 03/09/1995 12/21/1982 Applied For **FFI Number** 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2238966 26 21 \$8.75 Additional Suite Ant #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for iptangible tax under s 199.032 Florida Statules Yes No 23 Country Ζıρ Country 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CABRERA, MIGUEL A., JR. Street Address (P.O. Box Number is Not Acceptable) 82 1901 N.W. 108 AVENUE PEMBROKE PINES FL 33026 83 Zip Code 85 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 Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE (NOTe: Registered Agent signature required when reinstating) Signature: type of this proceed in time of respecteted agrent and time if appearance ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6) OFFICERS AND DIRECTORS 13. Add tion Change 12. DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME CABRERA, MIGUEL A JR NAME 1.3 STREET ADDRESS 2 SOUTH UNIVERSITY DR. STREET ADDRESS 14 CITY - ST - ZIP PLANTATION FL Change Addition CITY-ST-ZIP DELETE 2.1 THILE TITLE 2.2 NAME KRBLICH, CHARLES A. 2.3 STREET ADDRESS 2 SOUTH UNIVERSITY DR. STREET ADDRESS 2 4 CITY - ST - ZIP PLANTATION FL Change Addition CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 City-St-ZIP Change Addition CiTY - ST - ZiF DELETE 4 1 111 LE TITLE 4 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CiTY - ST - ZIP Change Addition CITY - S1-ZIF DELETE 51 THUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TIFLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 14. If 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 am an efficiency of 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 13 if changed as on an attachment with an address 6.4 CITY - \$1 - ZIP

CER OR DIRECTOR

SIGNATURE:

0081419