SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (3)G22058 REBANK CORPORATION Mailing Address Principal Place of Business 900 INGRAHAM BUILDING 900 INGRAHAM BUILDING 830 INGRAHAM BLDG., 25 S.E. 2ND AVE 830 INGRAHAM BLDG., 25 S.E. 2ND AVE. MIAM! FL 33131 MIAMI FL 33131 3. Date incorporated or Qualified 3a. Date of Last Report 01/17/1995 01/06/1983 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1318959 Not Applicable 26 21 \$8.75 Additional Suite. Ant. #. etc. Suite, Apt #, etc Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Ζφ] Yes [] No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURAI, WALD, BIONDO & MORENO. PA Street Address (P.O. Box Number is Not Acceptable) 82 830 INGRAHAM BLDG., 25 S.E. 2ND AVE. MIAM! FL 33131 в3 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. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOY): Fulgister in Age: Lisignature regarded when recipitating) Signature, typed or permitting a of may detect agent and the if applicable. (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addit-on DELETE 1.1117.8 TITLE E034 1.2 NAME MURAI, RENE V NAME 25 SE 2ND AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MORENO, M. CRISTINA, ESQ. 2.2 NAME NAME 23 STREET ADDRESS 25 SE 2ND AVE STREET ADDRESS MIAMI FL 2 4 CITY ST ZIP CiTY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TiTLE TITLE

6.4 CMY-ST-ZIP

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 1 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 offer error director of the opposition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block Y or Plock 13 y changed, or on an attachment with an address.

4 2 NAME

5.1 TITLE

5.2 NAME

6 1 TUTLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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5 4 CITY - ST - ZIP

4 4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(301) 318-5902

Change Addition

Change Addition