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.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Jul 16 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #**1. Corporation Name (6)UNITED BATHROOM SYSTEMS, INC. Principal Place of Business Mailing Address 2699 W 79TH ST 2699 W 79 ST SUITE 3 MIAMI FL 33016 MIAMI FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1983 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 3731 SW 414 AVENUE 26 Applied For 3731 SW 474 AVENUE 59-2760117 Not Applicable Suite, Apt. # etc. Suite 402 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No 33314 LISA 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHWARTZ, LINDA S 2699 W 79TH ST SUITE 3 **MIAMI FL 33016** 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, I am fairly with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNA WEIMEL VICE PRESIDENT (NOTE Registed Agent significance required when he is a right 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 Title Change Addition NAME Schwartz, Linda s 1.2 NAME CR2E034 STREET ADDRESS 1212 BAYVIEW CIRCLE 13 STREET ADDRESS 33326 CITY-ST-ZIP <u>et lauderdale fl</u> 14 CITY - ST - ZIP TITLE DELETE VILE PRESIDENT/SIRRED, Change XI Addition STEDHEN J. ILIEMEN TREASUREL 21 TIFLE NAME 2.2 NAME STREET ADDRESS 1212 BAYULEW 2.3 STREET ADDRESS CITY - ST - ZIP 33326 2 4 CITY - ST - ZIP DELETE 31 TITLE Change Add tion NAME 3 2 NAME CHARLES STREET ADDRESS 5098 NW 3 3 STREET ADDRESS CITY-ST-ZIP CORM SPRINGS, FL 34 CITY-ST-ZIP 33061 TITLE DELETE 4 1 TITLE Charge Addition NAME DENISE F. THENER 5098 NW 984 CANE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 THE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - ST-7IP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 C-TY - S7 - 7IP I 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 officer or 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 12 or Block 13 if changed, or on an attachment with an address SIGNATURE:

(3/36)