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 ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #** G57697 (6)REPTILIA, INC. Principal Place of Business Mailing Address 2643 NW 20 ST 2643 NW 20 ST MIAMI FL 33142 MIAMI FL 33142 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1983 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 26 59-2327616 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes Mo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PREISS, KURT 2643 NW 20TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** В3 84 City 85 Zip Code FI 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Soperior type tempore then belong sendage (or into tapping) (NOTE: In contacted Age it suggestions required when no estimate). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.11116 Change Addition PREISS. KURT NAME 1.2 NAME CR2E034 2643 NW 20TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CHY - ST- ZiP TITLE DELETE 21 TiflE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TIT, F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 OITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - ZiP TiTLE DELETE SATIFIE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIF TITLE 40000191365**4**4499 -08/06/96--01074--032 DELETE 61 THE Addition 6.2 NAME ૪ \*\*\*225.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST ZIP 14. 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 district or of the corporation or the receiver or trustee empowered to execute this reporture required by Chapter 617. Florida Statutes, and that my name appear changed or on an attachment with any **SIGNATURE** 

YPED OR PRINTED NAME OF