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 DEPARÎMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)SOUND BAY IMPORT-EXPORT. INC. Mailing Address Principal Place of Business 1221 BRICKELL AVE. 1221 BRICKELL AVE. MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report Date Incorporated or Qualified 05/01/1995 02/23/1984 4. FEI Number Applied For Mailing Address 2. Principal Place of Business Not Applicable 59-2384799 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. 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.

Florida Statutes Yes V No Country Country Zip Ζφ 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACIR, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 82 1221 BRICKELL AVE. **MIAMI FL 33131** 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 registored 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DAFE (NOTE: Registered Agent signature required when reinstating) Signature, typed or purpod name of requirered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE TITLE DP E034 1.2 NAME JACIR, RODOLFO NAME 13 STREET ADDRESS 1221 BRICKELL AVE. STREET ADDRESS MIAM FL 33131 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE VD. TITLE 2.2 NAME JACIR, ANITA NAME 2.3 STREET ADDRESS 1221 BRICKELL AVE. STREET ADDRESS 2 4 CiTY - ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Change DELETE 3111116 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. DITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 DITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - 7IP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAM€ NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 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 that my name appears in Block 12 or Block or on an attachment with an address.

- RODOLFO JACIR

TED NAME OF SURNING OFFICER OR DIRECTOR

SIGNATURE: