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** # 1. Corporation Name K30018 (1)**NEW ERA SOUTHERN CORPORATION** Principal Place of Business Mailing Address 24821 S. DIXIE HWY 24821 S. DIXIE HWY MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1988 02/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0097339 Not Applicable Suite, Apt #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zω Country Country 8. This corporation has liability fo ntangible tax under s. 199.032 24 25 29 30 Florida Stalutes 🚺 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEL PINO, JORGE 24821 S. DIXUE HWY 82 Street Address (PO. Box Number is Not Acceptable) **MIAMI FL 33132** 83 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 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. SIGNATURE Signal in Typed or printed name of registered a junitand title if applicable. (NOTE: Registered Agent signor ire respired when reasturing) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 TITLE Change Addition NAME DEL PINO, JORGE 1.2 NAME CR2E034 STREET ADDRESS 24821 S. DOIXIE HWY 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CHTY - ST - ZIP TIME DELETE 2.1 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZiP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 C(TY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP THILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this Hing 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 arylug 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 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 12 or slock 13 if changed, or on an attachment with an address. AND AND BE 6-11-96 SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR