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 #** K65305 (0)SILVER & GARVETT, P.A. Principal Place of Business Mailing Address ONE GROVE VILA ONE GROVE VILLA 3350 SW 27 AVE 3350 S.W. 27TH AVE. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Date incorporated or Qualified 3a. Date of Last Report 02/13/1989 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0158544 26 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 Zip Country Country 8. This corporation has liab lity for intring-ble tax under s 199 032 24 25 Yes 🔲 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARVET, FREDRIC M 3350 S.W. 27TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 ONE GROVE VILLA 83 **COCONUT GROVE FL 33133** 64 City Zip Code 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Standard type for premiatings a chrounwise agential fitted applicable that it is a second of the features of A parent of the (A,B)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86) THILE PD DELETE Change Addition NAME GARVETT, FREDRIC M. 1.2 NAME CR2E034 3350 SW 27 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST ZIP 1.4 CITY - \$1 - ZIF TITLE DELFTE 21 TITLE Change Addition SILVER, SCOTT A NAME 2.2 NAME 3350 SW 27 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZiP 34 CHY-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 THLE DELETE STIBLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6 1 T:TLE Change Addition NAME 6.2 NAM2 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 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 logal effect as if made under cath, 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 3 if changed, or on an attachment with an address. SIGNATURE: SOFFICER OR DIRECTOR