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 DIVISION OF CORPORATIONS 1996 DOCUMENT # (4)PRIMAVERA IMPORT & EXPORT, INC. Mailing Address Principal Place of Business 12357 S.W. 132ND CT. 12357 S.W. 132ND CT. MIAMI FL 33186-6412 MIAMI FL 33186-6412 3a. Date of Last Report 3. Date Incorporated or Qualified 03/16/1989 03/20/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0105757 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liab lity for intangible tax under s 199 032 Florida Statutes Yes No Country Ζip Zip 30 25 29 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CALUI, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 14358 S. W. 96 TERR. **MIAMI FL 33186** 83 84 City 85 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when renstating) Signature ispect or printed native of registers diagont and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change Addition DELETE 1 1 TITLE TOTLE CR2E034 1.2 NAME CALUI, JOHN NAME 14358 SW 96TH TERR. STREET ADDRESS 1.3 STREET ADORESS MIAMI FL 14 C:TY - S! - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TIFLE TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP City-St-2iP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADOPESS STREET ADDRESS 34 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.3 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 TURE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZIP Change Addit on DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CI 'Y - ST - ZIP CITY - ST - ZIP 14. To 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 cert by 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 13 or Block 13 if changed, or on an attachment with an address

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(3/96)

5/30/96 (253-8191