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 CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K76350** **(3)**

1. Corporation Name
ATHLONE OF FLORIDA INC.

Principal Place of Business	Mailing Address
29 SW 36 COURT MIAMI FL 33135	29 SW 36 COURT MIAMI FL 33135

2. Principal Place of Business 21 3399 Ponce de Leon Blvd. Suite, Apt. #, etc. 22 Suite 104 City & State 23 Coral Gables, Florida Zip 24 33134 Country 25 USA	2a. Mailing Address 26 3399 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 Suite 104 City & State 28 Coral Gables, Florida Zip 29 33134 Country 30 USA

3. Date Incorporated or Qualified: **03/29/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0179308** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALDERON-FLORES, PURA
29 SW 36 COURT
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3399 PONCE DE LEON BLVD. SUITE 014
83
84 City: CORAL GABLES, FL 85 Zip Code: 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LABARTINO, VINCENZO 29 SW 36TH COURT MIAMI FL 33135	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 3399 PONCE DE LEON BLVD. SUITE 104 CORAL GABLES, FLORIDA 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ SERODIO, BASILIO 29 SW 36TH CT MIAMI FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 3399 PONCE DE LEON BLVD. SUITE 104 CORAL GABLES, FLORIDA 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALDERON-FLORES, PURA 29 SW 36TH CT MIAMI FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 3399 PONCE DE LEON BLVD. SUITE 104 CORAL GABLES, FLORIDA 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(i), 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: Pura Calderon-Flores 7-31-96 (305) 443-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #