

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 # K90157 (4)

1. Corporation Name

PAUL W. LARSEN, INC.



Principal Place of Business

Mailing Address

3650 ONE BISCAYNE TOWER
MIAMI FL 33131

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MIAMI FL 33131

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 First Union Financial Center

26 First Union Financial Center

4. FEI Number
65-0128528

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4910

27 Suite 4910

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami Florida

28 Miami Florida

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33131

29 33131

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSEN, PAUL W.
2 S BISCAYNE BLVD.
STE. 3650
MIAMI FL 33131

81 Name

Larsen, Paul W

82 Street Address (P.O. Box Number Not Acceptable)

First Union Financial Center

83

Suite 4910

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0505 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

Paul W. Larsen

6/12/96

Signature type for printed name only. Typed name and this applicable.

(NOTE: Registered Agent signature required when transferring.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LARSEN, PAUL W.
2779 SW 22ND AVE
MIAMI FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 119.02(3)(k), Florida Statutes. I further certify that the information is based on the 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 a holder or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached, or on an attachment with an address

SIGNATURE:

Paul W. Larsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)