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 # L17220 (9) THE MARILL CORPORATION OF SOUTH FLORIDA Principal Place of Business Mailing Address 4992 NORTH UNIVERSITY DRIVE 4992 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1989 06/20/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZiD Country Zio Country 8. This corporation has liability for intang-ble tax under s. 199 032 24 Florida Statutes 25 29 30 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOUSTON, BART A ١ 100 NE 3RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 850 83 FT LAUDERDALE FL 33301 RA 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 for 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 Signature, typical or project manne of registered agent and title if applicable (NOTE: Bugistone Ji Agent signature required when remativing) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3/96 DELE TE TITLE CEO Change Addition 111111 MANNO, MIRTHA C. NAME 1.2 NAME CR2E034 4992 N. UNIVERSITY DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIF 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 MAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP 51 TITLE TITLE DELETE Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST ZIP TITLE DELETE 2000018899쿠ટ^{31ge} □ Addition -07/10/96--01093--006 61 TITLE T NAME 62 NAME STREET ADDRESS ***225.00 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHY-SI-7IP this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes I inual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it corporation on the received or quistee empowered to execute this report as required by Chapter 617, Florida Statutes; and 14. I do hereby certify that the informafurther certify that the information made under eath, that I am an o ne corporation that my name appears

ER OF DIRECTOR

SIGNATURE:

954-742-6004 C57/10/96