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** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (5)STRAWSER REAL ESTATE INC. Principal Place of Business Mailing Address % ROBERT L. STRAWSER % ROBERT L STRAWSER 2100 PONCE DE LEON BLVD. #1060 2100 PONCE DE LEON BLVD.. #1050 CORAL GABLES FL 33134-5253 CORAL GABLES FL 33134-5253 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1990 03/15/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0176912 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRAWSER, ROBERT L. 2100 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1050** 83 CORAL GABLES FL 33134 84 City 85 Zip Code 11. Pursuant to tric 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (3/21). Registered Agent signatour required when releasing (Signature, typodior purifical range of engis ered agent and like if applicable OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/8)DELETE Change Addition TITLE 1.1 TID F STRAWSER, ROBERT L. NAME 1.2 NAME 2100 PONCE DE LEON BLVD. STREET ADDRESS 13 STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP 14 CITY - ST - Z-P DELETE 21 TITLE Change ____ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S* - ZIP Change Addition TITLE DELETE 3.1 T/TLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TiTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - \$1 - 7/P DELETE Change Addition TITLE 5 T TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6 1 1 IFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this king is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statistics

SIGNATURE:

ING OFFICER OR DIRECTOR

further certify that the information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I any an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in profix ye or Brock 13 if counsed or on an attachment with an address 6-8 96 305-444-0624