SECOND	NOTICE: CORPO	RATION WILL BE D	ISSOLVED ON OR AFT	TER AUG	UST 7,	1996.			
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			TE: \$375.) IATE			
DOCUMENT # L53301 (2)									
DUMAIS INVESTMENTS, INC.									
Principal Place of Business Mailing Address							···-	11814 64814 61811 <u>6</u> 1811 61811 61814 1681	
% REJEAN LAPIERRE 7800 W. OAKLAND PARK BLVD., BLDG. G SUNRISE FL 33351			% REJEAN LAPIERRE 7800 W. OAKLAND PARK BLVD., BLDG. G SUNRISE FL 33351			G	3. Date Incorporated or Qualified	3a. Date of Last Report	
							02/22/1990	<u>04/26/1995</u>	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 65-0525911	Applied For Not Applicable	
Suite, Apt	#, etc		Suite Apt #, etc.					\$8.75 Additional	
22			27				5. Certificate of Status Desired	Fee Required	
City & State			City & State				Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	25	Country	Zip 29	-լ ի			8. This corporation has liability for intangible to runder s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current Registered Agent 10. Na							10. Name and Address of New Reg	Istered Agent	
LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. RING G					81	Name Street Adv	et Address (P.O. Box Number is Not Acceptable)		
						Street Mon			
SUNRISE FL 33351					83				
					84	City		FL 85 Zip Code	
11. Pursuant office or ragent 1 a	to the provisions or registered agent cam familiar with ar	of Sections 607 0502 or both, in the State o and accept the obligati	and 607.1508 Florida S Florida Such change w ons of, Section 607.0509	tatutes, thi vas author 5, Florida	e above ized by Statutes	named cor the corpora	poration submits this statement for the publishes board of directors. Thereby accept		
SIGNATURE	Short on the Sorten	a dilama o'neg stered a j est	and title if and trable	(NOTE Red	is tered Aar	ot sanature rea	(particle or object or other particle p	EATL	
					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THTLE	, , ,			1 1 TITLE		Change: Addition			
Politico, mortee					I S NAME				
OHEET 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0					13STREFT				
					1.4 CITY - S	T - Z(P	Change Addition		
				2 1 TITLE		Change Authority			
TP-STEE					2.2 NAME	ADDRESS	s		
STREET ADDRESS	1				23 STREET	AUDRESS			

2 4 CHTY - ST ZIP CITY - ST - ZIP Change Addition DEFELE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP ____ Change ____ Addition DEI.ETE 41 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 61TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - S1 - ZIP

14. Ido 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 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 logal 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 arachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

dene 21 and 96 1-574- 737-4637

DOE024 (2/06)