## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED Jul 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (1)69519 FALCON & ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address 12305 S DIXIE HWY BOX 830877 MIAMI FL 33158 MIAMI FL 33283 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/27/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 7270 NW 12 65-0227615 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAM Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HENRY, DARRYL M 12305 S DIXIE HWY 82 **MIAMI FL 33156** 84 City 85 Zip Code MIAMI 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 femiliar with, and accept the obligations of, section 607.0505, Florida Statutes. CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 Title Change Addition \_\_\_ DELETE HENRY, DARRYL M NAME 1.2 NAME STREET ADDRESS **BOX 830877** 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE \_\_\_ Change \_\_\_ Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETÉ Change Addition Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITI F DELETE 5.1 TITLE Change \_\_\_ Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition

14. I hereby certify that the information supplied with this filing 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 diffector of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DARRY M. HOURY

305-581