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 # L78730 (3)RUBINSTEIN INTERNATIONAL, INC. Principal Place of Business Mailing Address **BOI HUDSON AVE 801 HUDSON AVE** SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1990 08/14/1995 Mailing Addres FEI Number Applied for 2. Principal Place of Business 1805 SIESTA DRIVE 59-3032351 Not Applicable 1805 SIESTA DRIVE 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing SARASOTA, FL. SARASOTA, FL. Trust Fund Contribution Added to Fees 28 34239 Country 8. This corporation has liability for intangible tax under s. 199 032 Country Zio 34239 Yes No Florida Statutes 29 30 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RUBINSTEIN, LEONARD A., M.D. Street Address (P.O. Box Number is Not Acceptable)
1805 SIESTA DRIVE 82 **801 HUDSON AVE** SARASOTA FL 34236 83 Zip Code 64 City 85 SARASOTA, FL 34239 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, 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. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. 7-31-96 - tou SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. OFFICERS AND DIRECTORS 13. Change DELETE * 1 HH E TITLE D E034 1.2 NAME NAME RUBINSTEIN, LEONARD A. 4921 HIGEL AVE. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CiTY - \$1 - ZiP CITY - ST - ZIP DELETE Change Addition 2.1 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City St. ZiP CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY+\$1+ZiP CITY-ST-7IP Change Addition DELETE 4.1 [FCF TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - ZIP Change Addition DELETE 5.1 1111.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 OFF ST-ZIF Diffy-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 legal 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 attachment with an address 7-31-96 SIGNATURE

SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF