FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (7) **DOCUMENT #**  Corporation Name STORMY WEATHER, INC. Maling Address Principal Place of Business 100 S.E. 2ND STREET 100 S.E. 2ND STREET 17TH FLOOR/JHF 17TH FLOOR MIAMI FL 33131 3a. Date of Last Report MIAMI FL 33131 3. Date Incorporated or Qualified US 07/30/1990 08/11/1995 Applied For 4. FELNumber 2a. Maining Address 2. Principal Place of Business Not Applicable 65-0209085 26 21 \$8.75 Additional Suite Apit #, etc 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zφ ☐ Yes ☐ No Honda Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name Street Address (P.O. Box Number is Not Acceptable) 82 FRIEDHOFF, JOHN H. 100 S.E. 2ND STREET 83 17TH FLOOR Zip Code 85 **MIAMI FL 33131** 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes. The above named corporation submits this statement for the purpose of changing its registered office r ursuant to the provisions of accounts our agonz and our trough remarks all and empirishments of the purpose of changing its 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. ..... SIGNATURE Johan LASont Sonat in Period ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 Till (F TITLE PST 1.2 NAME DA COSTA, MARIA S. NAME 100 S.E. 2ND STREET, 17TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY-ST-ZIF MIAMI FL CHTY-ST-ZIP Change Addition DELETE 2.1 THUE TITLE 2.2 NAME DA COSTA, MARIA, S NAME 2.3 STREET ADDRESS 100 S.E. 2ND STREET, 17TH FLOOR STREET ADDRESS 24 C(IY-ST Z)P MIAMI FL CITY-ST-ZIP Change Addition [1] DELETE 3 1 THILE AS TITLE 3.2 NAME FRIEDHOFF, JOHN H NAME 100 S.E. 2ND STREET, 17TH FLOOR 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - St - ZiP MIAMI FL CITY-ST-ZIP Change Addition [ ] DELETE 4 1 Tifle TIBLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS  $4.4 \ C \Gamma^* Y \cdot S^T \cdot Z \Gamma^D$ CITY-ST-ZIP Addit on Change DELETE 5.11008 TOTALE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 71<sup>9</sup> CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE € 2 NAMe NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 134 changed, or on an attachment with an address:

Carialice

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

april 18, 1996