SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 09 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L93091 (1)LUIS CAICEDO, INC. Principal Place of Business Mailing Address 21250 N.E. 9TH COURT 21250 N.E. 9TH COURT UNIT #2 N. MIAMI BEACH FL 33178 N. MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1990 FEI Number 07/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 65-0247.184 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAICEDO, LUIS E. 21250 N.E. 9TH COURT **B2** Street Address (P.O. Box Number is Not Acceptable) UNIT #2 83 N. MIAMI BEACH FL 33179 84 City Zip Code **B**5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1.1 TITLE Change TITLE CAICEDO, LUIS NAME 1.2 NAME 21250 N.E. 9TH COURT, UNIT #2 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DFLETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELE1E Addition 4.1 TITLE Change TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE1E 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

6.2 NAME

Mis Concado,

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 entor or happic wental 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 composition of 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 3 if chapted, or by an attachment with an address.