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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name L97500 (7) ZONA ALTA PROJECTS, INC. Principal Place of Business Mailing Address 7400 NW 7 ST. POST OFFICE ROX 330520 SLITE 110 MIAMI FL 33233 MIAMI FL 33126 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1990 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0218541 Not Applicable Suite, Apt #, etc Suite, Apt. #. etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Z_{1D} Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRITO, LEONARDO F CEONALDO 2600 SW 3RD AVE. 82 SUITE 301 83 **MIAMI FL 33129** 84 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 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 nanie of registered agent and title 4 apple able (NO1E Registered Agent signature required when reinstanny) Li-x1E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11 TIFLE Change Addition NAME BRUNSCHWIG, GASTON 1.2 NAME CR2E034 STREET ADDRESS 3520 E. FAIRVIEW ST. 1.3 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 14 CITY - ST - ZIP TITLE DELETE 2 I TITLE Change Addition NAME BECHTOLD, SCOTT 2.2 NAME STREET ADDRESS 10 SW 111 LANE 2.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 2 4 CITY - ST - ZIP TITLE DTS DELETE 3 1 7/Tr F Change Addition BRUNSCHWIG, DIANE L NAME 3 2 NAME STREET ADDRESS 3520 E. FAIRVIEW ST. 3.3 STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CiTY - ST - ZiP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5 4 City - ST - ZiP TITLE DELETE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 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 1 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 GASTON BRUNSCHWIG 7.1.96 265 1231 SIGNATURE:

OR DIRECTOR

(96/E)