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 CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 JUN 21 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M09391** **(7)**

1. Corporation Name
OHRAMI PROFESSIONAL BUSINESS, INC.

Principal Place of Business
~~8000 SW 137 AVE.~~
~~SUITE 212~~
~~MIAMI FL 33186~~

Mailing Address
~~6243 S.W. 150 PATH~~
~~MIAMI FL 33193~~

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 09/12/1995

2. Principal Place of Business
21 10901 S.W. 56 ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI - FLORIDA
Zip 24 33165 Country 25 U.S.A.

2a. Mailing Address
26 (SAME)
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2484561 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MIRABAL HERNANDEZ, OHILDA
6243 S.W. 150 PATH
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name: MIRABAL, OHILDA
82 Street Address (P.O. Box Number is Not Acceptable): 6243 S.W. 150 PATH
83
84 City: MIAMI FL 85 Zip Code: 33193

11. Pursuant to the provisions of Section 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: Mirabal — 6/27/96
Signature of the registered agent and the date above (NOTE: Registered Agent signature required without this stamp)

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	~~HERNANDEZ~~, OHILDA MIRABAL
STREET ADDRESS	6243 SW 150 PATH
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/SECRETARY/TR. ☒ Change ☐ Addition
1.2 NAME	MIRABAL, OHILDA — LAST NAME DUE TO MARRIAGE
1.3 STREET ADDRESS	6243 S.W. 150 PATH
1.4 CITY-ST-ZIP	MIAMI - FL
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 6/27/96 (305) 387-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone