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 DIVISION OF CORPORATIONS 1996 DOCUMENT # M41899 (9)RENO INVESTIGATIONS, INC. Mailing Address Principal Place of Business 2395 NW 36TH ST 2395 NW 36TH ST MIAMI FL 33142 MIAMI FL 33142 3. Date incorporated or Qualified 3a, Date of Last Report 11/19/1986 06/14/1995 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 2a. Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zin Yes No Florida Statutes 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VELAZQUEZ, RENE 82 Street Address (P.O. Box Number is Not Acceptable) 2395 N.W. 36 ST. MIAMI FL 83 Zip Code 84 City 85 and a year and site it applicable (NOTE, Registered Agent signature, requirest when terest shough (36/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE 1.1 TITLE TITLE E034 VELAZQUEZ, RENE 1.2 NAME 2395 N.W. 36 ST. 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP ___ Change ____ Add/hen DELETE 3.1 1(1) 6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THUE TIBLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CHY ST ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TIFLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 611/11/16 TIFLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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. CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR