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.)

AMENDED PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # M52907 (6)

1. Corporation Name
AEROFLORAL, INC.

Principal Place of Business
7500 N.W. 25 Street
Suite 13
Miami, FL 33122

Mailing Address
7500 N.W. 25 Street
Suite 13
Miami, FL 33122

3. Date Incorporated or Qualified: 05/29/87
3a. Date of Last Report: 04/01/96
4. FEI Number: 59-2808234 — 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 [X] Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 C/O 100 N. Biscayne Blvd.
Suite, Apt. #, etc
27 Suite 1707
City & State
28 Miami, FL
Zip 29 33132 Country 30 USA

9. **Name and Address of Current Registered Agent**
Hernan GALINDO
818 Catalonia Avenue
Coral Gables, FL 33134

10. **Name and Address of New Registered Agent**
81 Name: Jeffrey A. Bernstein, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Biscayne Bvld.
83 Suite 1707 - New World Tower
84 City: Miami FL 85 Zip Code 33132

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] 6/18/96

12. OFFICERS AND DIRECTORS

TITLE	P/S/D	☐ DELETE
NAME	GALINDO, Hernan	
STREET ADDRESS	818 Catalonia Avenue	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	VP/D	☐ DELETE
NAME	RUEDA, Eduardo	
STREET ADDRESS	15204 S.W. 73 Court	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	T/D	☐ DELETE
NAME	SOTO, Luis J.	
STREET ADDRESS	540 Miller Road	
CITY-ST-ZIP	Coral Gables, FL 33146	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	100001878831	☐ Change ☐ Addition
4.2 NAME	-06/28/96--01018--014	
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	6-27-96	
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: [signature] As president 6/18/96 (305) 599-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #