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 # M65628 (3) 137 ASSOCIATES, INC. Mailing Address Principal Place of Business 12300 SW 132ND COURT 12300 SW 132ND COURT MIAMI FL 33186 MIAMI FL 33186 3a. Date of Last Report 3. Date incorporated or Qualified 01/25/1988 05/01/1995 Applied For 4. FEI Number 2a, Mailing Address 2. Principal Place of Business Not Applicable 65-0099633 26 21 Suite, Apt. #. etc. \$8.75 Additional 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 28 Trust Fund Contribution 23 8. This corporation has trability for intangible tax under s. 199 032 Ζıρ Country Country Žιρ Yes No 30 Florida Statutes 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHAPIRO, JEREMY 82 Street Address (P.O. Box Number is Not Acceptable) 12300 SW 132 CT **MIAM! FL 33186** 83 Zip Code City 85 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 (NOTE Registered Agent signature required when reinstating) DATE Signature: typed or printed name of registered agent and title if applicable (96/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TIFLE TITLE CR2E034 1 2 NAMÉ SHAPIRO, JEREMY NAME 12300 SW 132ND COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - 2IP CITY - ST - ZIP Change Addition DELETE DVP 21 THLE SHAPIRO, BRIAN 2.2 NAME NAME 12300 SW 132ND COURT 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE SHAPIRO, DAVID 3.2 NAME NAME 12300 SW 132ND COURT 3 3 STREET ADDRESS STREET ADDRESS MIAMI FL 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TiTLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - 2IP Change Addition DELETE 5 1 111LF THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIF CITY-ST-ZIP Change Adolson DELETE 61 THILE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 arrival 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

NAME OF SIGNING OFFICER OR DIRECTOR

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