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 M86338 (4)DOCUMENT # KOP INVESTMENTS II, INC. Mailing Address Principal Place of Business 2700 NW 112TH AVE 2700 NW 112TH AVE MIAMI FL 33172 MIAMI FL 33172 3. Date incorporated or Qualified 3a. Date of Last Report 04/17/1995 06/13/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0091842 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 intangib<u>le tax under s. 199</u> 032, Country Z_{ip} Country $Z_{\rm IP}$ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KOPEL, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 82 2700 NW 112TH AVE MIAMI FL 33172 83 Zip Code 85 84 City 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when reinstiting). Stipper the type for professional active global agreet and the if appealable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change AdJit on DELFTE 1.1 Title F THILE 1.2 NAME KOPEL, BERNARDO NAME 2700 NW 112TH AVE 13 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP City-ST-ZIP Change Addition DELETE 2.1 THLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY SF-ZIP CITY-SI-ZIP Change Addition DELETE 31 11/18 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY - ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAMÉ 4.3 STREET ADORESS STREET ADDRESS 4.4 CHY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 617:TH TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 indigited sorths 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 office for 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 14 (Manged or on an attachment with an address). 6.4 CITY - ST - ZIP

hanged or on an attachment with an address
Bernardo Kopel

(96/E)

CR2E034

06/24/1996(305) 597-7110

SIGNATURE: ... ED NAME OF SIGNING OFFICER OR DIRECTOR