SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N93000004372 (9)

1. Corporation Name
MINICOL CORP.

Principal Place of Business	Mailing Address
2050 CORAL WAY SUITE 508 MIAMI FL 33145	2050 CORAL WAY SUITE 508 MIAMI FL 33145

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0442404 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1000 Ponce de Leon Blvd.	26
Suite, Apt. #, etc. 22 119	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, Fl	City & State 28
Zip / Country 24 33134 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUQUE, GUSTAVO
2050 CORAL WAY
SUITE 508
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: BEATRIZ ARBOLEDA
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Ponce de Leon Blvd.
83 Suite 119
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] BEATRIZ ARBOLEDA - PRESIDENT DATE: July 9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	XX DELETE	1.1 TITLE	PRESIDENT & DIRECTOR	XX Change ☐ Addition
NAME	MANTILLA, ELSA M		1.2 NAME	BEATRIZ ARBOLEDA	
STREET ADDRESS	10590 S.W. 100 ST.		1.3 STREET ADDRESS	8798 S. W. 62nd. Ct.	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami, Fl 33143	
TITLE	VP	☐ DELETE	2.1 TITLE	VICE-PRESIDENT & DIRECTOR	☐ Change ☐ Addition
NAME	ARANGO, MARIO		2.2 NAME	MARIO ARANGO	
STREET ADDRESS	819 SW 8TH AVE		2.3 STREET ADDRESS	4528 S. W. 143 Ct.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl 33175	
TITLE	D	XX DELETE	3.1 TITLE	Secretary	X Change ☐ Addition
NAME	ZAMBRANO, PEDRO		3.2 NAME	ELSA MANTILLA	
STREET ADDRESS	819 SW 8TH AVE		3.3 STREET ADDRESS	10590 S. W. 100th. Street	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl 33176	
TITLE	S	X DELETE	4.1 TITLE	Executive Treasurer & Director	☐ Change ☐ Addition
NAME	DUQUE, GUSTAVO		4.2 NAME	JAIME MANTILLA	
STREET ADDRESS	161 MADEIRA AVE, #27		4.3 STREET ADDRESS	10590 S. W. 100th. Street	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Miami, Fl 33176	
TITLE	T	☐ DELETE	5.1 TITLE	Fiscal Officer	X Change ☐ Addition
NAME	MANTILLA, JAIME E.		5.2 NAME	ABRAHAM CELIS	
STREET ADDRESS	10590 SW 100TH ST		5.3 STREET ADDRESS	7213 N. W. 79 th. Terrace	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Medley, Fl 33166	
TITLE	D	X DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEJARANO, MIGUEL		6.2 NAME	900001902529	
STREET ADDRESS	9238 NW 1ST ST, BLDG 8		6.3 STREET ADDRESS	-07/23/96--01136--017	
CITY-ST-ZIP	PENBROOK PINES FL		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (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] BEATRIZ ARBOLEDA PRESIDENT 6-20-96 (305) 444-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007557