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 CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P04592** **(2)**

1. Corporation Name
DYONOL S. A.

Principal Place of Business
10515 SW 56TH ST.
MIAMI FL 33165

Mailing Address
10515 SW 56TH ST.
MIAMI FL 33165

3. Date Incorporated or Qualified: **01/08/1985**
3a. Date of Last Report: **06/16/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-4264904** 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

9. Name and Address of Current Registered Agent
ONATE, PEDRO R.
10515 SW 56TH ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (type or print) name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, NESTOR ANTONIO	1.2 NAME	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	1.3 STREET ADDRESS	
CITY-ST-ZIP	URUGUAY	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, NORBERTO	2.2 NAME	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	2.3 STREET ADDRESS	
CITY-ST-ZIP	URUGUAY	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DI MARCO, NORBERTO FILIP	3.2 NAME	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	3.3 STREET ADDRESS	
CITY-ST-ZIP	URUGUAY	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIPPA, ALBERTO NESTOR	4.2 NAME	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	4.3 STREET ADDRESS	
CITY-ST-ZIP	URUGUAY	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	200001883312 ☐ Change ☐ Addition
NAME	ONATE, PEDRO R.	5.2 NAME	-07/03/96--01040--047
STREET ADDRESS	9361 S.W. 69TH ST.	5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP	MIAMI, FL 33173	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] 6-24-96 305-279-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIRECTOR

CR2E034 (3/96)