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 # **P23470** **(8)**

1. Corporation Name
FIBERCORP INTERNATIONAL, INC.

Principal Place of Business
5300 W ATLANTIC AVENUE SUITE 502
DELRAY BEACH FL 33484

Mailing Address
5300 W ATLANTIC AVENUE SUITE 502
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: 03/20/1989
3a. Date of Last Report: 08/10/1995
4. FEI Number: 22-2769359 — 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
21 6041 Kimberly Blvd.
Suite, Apt. #, etc.
22 Suite A
City & State
23 N. Lauderdale, Fl
Zip 24 33068
Country 25 USA

2a. Mailing Address
26 6041 Kimberly Blvd.
Suite, Apt. #, etc.
27 Suite A
City & State
28 N. Lauderdale, FL
Zip 29 33068
Country 30 USA

9. Name and Address of Current Registered Agent
CASSEL, JAMES S.
175 N.W. FIRST AVE.
SUITE 2000
MIAMI FL 33128

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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	ST	[X] DELETE
NAME	CARAVELLO ELLEN	
STREET ADDRESS	5300 W ATLANTIC AVENUE., SUITE # 502	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	CARAVELLO RONALD G.	
STREET ADDRESS	5300 W ATLANTIC AVENUE., SUITE # 502	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	C	☐ Change [X] Addition
1.2 NAME	Stearns, Craig B.	
1.3 STREET ADDRESS	6041 Kimberly Blvd. Suite A	
1.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
2.1 TITLE	D,P	[X] Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6041 Kimberly Blvd. Suite A	
2.4 CITY-ST-ZIP	N. Lauderdale, FL 33068	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Ronald G Caravello - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)