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 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (2)BRIDGE EXPERTS. INC. Principal Place of Business Maling Address 19500 TURNBERRY WAY 19500 TURNBERRY WAY APT 3E APT 3E **AVENTURA FL 33180 AVENTURA FL 33180** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/16/1991 04/18/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0265115 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country This corporation has liability for intangible tax under s. 199 032. 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUBIN, RONALD 19500 TURNBERRY WAY 82 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 83 City 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 (NOTe. Regardered Agent signature required when to the α_1 Signature, type if or princed harmout registered agent and retent applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) DELETE TITLE 1.1.1111.8 Change Addition RUBIN, RONALD NAME 1.2 NAME CR2E034 19500 TURNBERRY WAY, APT 3E STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL CITY - ST - ZIP 1.4 CITY - \$1 - ZIF DELETE Change Addition TILLE 2.1 TOTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - ST - ZIE TITLE DELETE 31 117.6 Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE 4.1.111LE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - 2IP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature snal, have the same legal effect as it 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 or an attachment with an address.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Ondone Place #