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 P92000005024 (4) **DOCUMENT #** ANTARES RAIN GUTTERS, INC. Principal Place of Business Mailing Address 3152 VILLAGE GREEN DRIVE 3152 VILLAGE GREEN DRIVE MIAMI FL 33175 MIAM! FL 33175 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0368643 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUZARRAGA, JACINTO 3152 VILLAGE GREEN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** Signal nel type i o preted name of noy seried a you and use if apply ask (NCTE: Registered Agent signatura required when reinst isogn 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1 1 TIFLE Change Addition NAME LUZARRAGA, JACINTO 1.2 NAME CR2E034 3152 VILLAGE GREEN DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY - ST-ZIP 1.4 CITY - ST - ZIP TITLE DELFTE 2.1 TiTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 44 City-St. ZiP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE DELETE 61 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 diffictor 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 13 if changed or on an attachment with an address

SIGNATURE:

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PASS COM

7/22/96

7/22/56.