SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Jul 25 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000002918 (9) DESMAX, INC. Mailing Address Principal Place of Business 2800 NW 75TH AVE 2600 NW 75TH, AVE MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1993 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 8479 N.W. 74th Street 65-0389178 8479 N,W. 74th Street \$8.75 Additional 5. Certificate of Status Desired Miami, Florida 33166 Fee Required 33166 Miami, Florida \$5.00 May Be 6. Election Campaign Financing (305)593-2006 Added to Fees Trust Fund Contribution 23 (305)593-2006 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 29 30 Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUPPERT, JOSEPH H 11440 SW 88 ST #201 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 Zip Code City 85 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 Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition | 1 1 TITLE TITLE PEGY FROLE (PRESIDENT) NAME EJENBAUM, ABRAM 1.2 NAME 8479 N.W. 74th Street 2600 NW 75TH AVE 1.3 STREET ADDRESS STREET ADDRESS Miami, Florida MIAMI FL 1.4 CITY - ST - ZIP 33166 CITY - ST - ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE (305) 593-2006 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TETLE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

I am an officer or director of the corporation or the pecifier or trustee empowered appears in Block 12 or Block 13 if changed, or or an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplied 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 occupied or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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