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. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000019311 (8) DOCUMENT # THE LAW OFFICES OF JORGE E. HERNANDEZ, P.A. Principal Place of Business Mailing Address 311 GRANFLLO AVENUE 311 GRANELLO AVENUE CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0394195 26 Not Applicable 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & Stare City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution This corporation has liability for intangible tax under s. 199 032.

Florida Statutes

Yes No
No Zio Country Zio Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HERNANDEZ, JORGE E '311 GRANELLO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 83 84 City 85 Zip Code 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 5 graphs, it you distripted that name of registered agent and to est applicable. DATE (60) IF. Burg stered Agent's quature required when reinstalling ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
President, Secretary Change X Ad (96/8)OFFICERS AND DIRECTORS 12 13. DELETE Addition 11700 TITLE HERNANDEZ, JORGE E 1.2 NAME **CR2E034** NAME STREET ADDRESS 311 GRANELLO AVENUE 13 STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP 14 CrTY - \$1 - 7iP DELETE Change Addition TITLE 2 1 TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE THE 3 1 111LE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 | TILLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY - ST - ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. If 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 at made under early that I am an officer or director of the corporation or the repetitive empowered to execute this report as required by Chapter 617, Florida Statutes a supplied what his filling is voluntarily activated and does not quality for the exemption safetor it section it is 0.7(3),69, months statutes it all reports the part is true and accurate and that my signature shall have the same legal effect as if a director of the corporation or the peper or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bio int with an address

5 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST. ZIP

61 DITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE NO THEO OR PRINTED OR DIRECTOR

DELETE

DELETE

7-12-96 305.461.4136

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