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 DIVISION OF CORPORATIONS 1996 P93000034563 (5) **DOCUMENT #** ARROW ADVANTAGE, INC. Mailino Address Principal Place of Business 14511 SW 122 PL 14511 SW 122 PL MIAMI FL 33186 MIAMI FL 33186 3a. Date of Last Report 3. Date Incorporated or Qualified 05/13/1993 04/20/1995 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0143216 Not Applicable 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Zφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name MURTY & TOME, P.A. Street Address (PO. Box Number is Not Acceptable) 82 777 BRICKELL AVE SURTE 1114 83 MIAMI FL 33131 Zip Code 85 84 City 11. Pursuant to the previsions 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, 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type for pricted natural registered agent and little if applicable (36/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 Title TITLE CR2E034 1.2 NAME BARCELO, ALERT NAME 14511 SW 122 PLACE 1.3 STREET ADDRESS STREET ADDRESS 14 CITY ST-ZIP MIAMI FL CITY-ST-ZIF Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME BARCELO, DEBORAH NAME 14511 SW 122 PLACE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP MIAMI FL CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 4.1 INTLE TITLE 4 2 NAMI NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TIT. E TITLE 62 NAME NAME 6.3 STHEET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily fundated on the same legal effect as if 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 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 Irustee 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 indirect.

SIGNATURE:

IGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF