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: \$37 PROFIT CORPORATION ANNUAL REPORT 1996 DIVISION OF CORPORATIONS			D REINSTATE: \$375.) ENT OF STATE ortham State		
DOCUI 1. Corporatio	MENT # Paganons		POHALIONS		
Principal Place 5750 SW 132 MIAMI FL 33	END TER	niling Address 1750 SW 132ND TER NAMI FL 33156		3. Date Incorporated or Quotified	3a. Date of Last Report
Suite, Apt. City & State 23	#, etc Ph (27 28 28	Mailing Address 10800 CW Suite, Apt. # etc. MID City & State	67cT	05/13/1993 4. FEI Number 65-0410401 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	01/17/1995 Applied For Not Applied For Not Applied For Required \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
579	9. Name and Address of Current Regist ORIGUEZ, JOSE M 50 SW 132ND TER AMI FL 33156	33155 30 ered Agent	82 Street Add	8, This corporation has liability for Florida Statutes 10. Name and Address of New Re 2 0 D R (CUE 2) dress (P.O. Box Number is Not Acceptate Cue 2)	Yes No
11. Pursuant to office or reagent. Lan	o the provisions of Sections 607 0502 and 60 ogistered agent, or both, in the State of Flonds in familiar with, and accept the obligations of,	Section 607.0505, Flanda 5	above named cor	Hereby Accept	rpase of changing its registered the appointment as registered
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARGARITA CORD 5750 SW 132ND TERR MIAMI FL	TORS DELETE	13. 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY: ST-ZIP	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rodriguez, Jose 5750 SW 132ND Terr. Miami Fl	DELFTE 2	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP		Change Addition
THTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		3 3 3	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST ZIP		Change Addition
NAME STREET ADDRESS DITY-ST-ZiP TITLE		4	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		Change Add tion
NAME STREET ADDRESS CITY-ST-ZIP TITLE		5	2 NAME 3 STREET ADDRESS 4 CHY-ST-ZIP 1 TITLE		Change Addition
NAME STREET ADDRESS CITY-SI-ZIP 14. I do hereby further certi	certify that the information supplied with this by that the information indicated on this annu- r cath, that I am an officer or director of the co	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2 NAME 3 STREET ADDRESS 4 CITY - ST. ZIP d and does not qual	ify for the exemption stated in Section 11 and accurate and that my signature shall	19 07(3)(k), Florida Statutes T
that my nan	ne appears in Block 12 or Block 13 if changed	, or on an attachment with:	an address	d to execute this report as required by Co	Payter 617, Florida Statutes, and