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 CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037776 (0)**

1. Corporation Name
AA & E ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7104 N.W. 51ST STREET MIAMI FL 33166	7104 N.W. 51ST STREET MIAMI FL 33166

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 10/02/1995

2. Principal Place of Business	2a. Mailing Address
21 3731 S.W. 47TH AVE	26 3731 S.W. 47TH AVE.
Suite, Apt. #, etc 22 #401	Suite, Apt. #, etc 27 #401
City & State 23 DAVIE FLORIDA	City & State 28 DAVIE FLORIDA
Zip / Country 24 33314 / 25 USA	Zip / Country 29 33314 / 30 USA

4. FEI Number: 65-0419380 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has Liability for intangible tax under s. 199.042, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PORCELLO, ANTHONY G
7104 N.W. 51ST STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: PORCELLO, ANTHONY G.
82 Street Address (P.O. Box Number is Not Acceptable): 3731 SW 47TH AVE
83: #401
84 City: DAVIE FL 85 Zip Code: 33314

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: X _____ DATE
(Signature, Typed or Printed Name of Registered Agent, and Title if applicable) (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORCELLO, ANTHONY G 7104 N.W. 51ST STREET MIAMI FL 33166	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR PORCELLO, ANTHONY G. 3731 SW 47TH AVE DAVIE, FL. 33314	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDAKER, ALFRED E V 7104 N.W. 51ST STREET MIAMI FL 33166	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR OLDAKER, ALFRED E ✓ 3731 SW 47TH AVE DAVIE FL 33314	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 director 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 7-5-96 954-584-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #