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 DOCUMENT # P93000042118 (8) KJJ PROPERTIES, INC. Principal Place of Business Mailing Address 4301 N FEDERAL HWY 4301 N FEDERAL HWY SUITE 4 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 3a. Date of Last Report US 06/02/1993 01/17/1995 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 65-0417253 3710 N.E. 21 Ave. 3710 N.E. 31 Not Applicable Ave. 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Flection Campaign Financing ighthouse Point. Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032 Yes 🔀 No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HAUN-JA HAUN-JA, JOH Street Address (P.O. Box Number is Not Acceptable) 4301 N FEDERAL HWY SUITE 4 3710 N.E. 31 Ave. **POMPANO BEACH FL 33064** Lighthouse Point 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 approximant last its statement for the purpose of changing its registered agent. I am fact the obligations of Section 607.0505. Florida Statutes. (Notice integration Agent alignature required when romstating)

DAIE SIGNATURE , iku a applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE TITLE D 3710 N.B. 31 Ave. Lighthouse point, FL. 33064 CR2E034 1.2 NAME JOH, HAUN-JA NAME 4301 N. FEDERAL HWY, SUITE 4 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 I TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 4.1 TO LE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 OFTY - S! - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 61TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - Z:P CITY-ST-ZIP 14. Too 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 £17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

IGNING OFFICER OR DIRECTOR

7/26/96 (954) 942-1144