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 1996 DIVISION OF CORPORATIONS P93000064872 (3) DOCUMENT #

1. Corporation Name HEGRADO INVESTMENTS, INC. Principal Place of Business Mailing Address CYLLAND. ST PETERSPURC EL PETERCOURC 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1993 07/03/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 526 26 59-3207545 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199 032 24 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHULZ, JOANN R. 81 Name 205-26TH AVE-N Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33704 83 84 City Zip Code 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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 11 TITLE Change Addition NAME SCHULZ, JOANN R 1.2 NAME 205,25TH AVE N STREET ADDRESS CR2E034 13 STREET ADDRESS ST PETERSBURG FL 33704 CITY-S1-7/P 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CHTY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY - ST- ZIP THILE DELETE 5.1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST- 2IP 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 1 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 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. Fiorida Statutes, a that my name appears in block 12 or Block 13 if chapted, or on an attachment with an address 6 4 CITY - \$1 - ZIP same legal effect as if

SIGNATURE: