SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000081479 (6) NEBU CORPORATION Principal Place of Business Mailing Address 7780 FARRAGUT STREET 525-88 STREETTO FARRAGUT-STREET DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/29/1993 2a. Mailing Address # 126 | 525 - 88 # 1 4. FEI Number Applied For 65-0458891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name NEBULONI, EDUARDO E 7780 FARRAGUT STREET 82 HOLLYWOOD FL 33024 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 ways, and accept the obligations of, section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD 1.1 TITLE TITLE DELETE NEBULONI, EDUARDO E 1.2 NAME 525-88th STREET SURFSIDE, FL 3315 NAME 7700 FARRAGUT STREET STREET ADDRESS HOLLYWOOD:FL 1.4 CITY-ST-ZIP CITY-ST-ZIP SVD 2.1 TITLE DELETE **NEBULONI, SUSANA R** 7780 FARRAGUT STREET 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIF DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4 1 TITLE TITLE DELETE Change ___ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 51 TITLE 40000264571Ghange DELETE 5.2 NAME NAME -09/22/98--01005--**04**5 53 STREET ADDRESS STREET ADDRESS ***150,00 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE ___ Addition 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIF 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 607, Florida Statutes; and that my name appears

SIGNATURE:

9/3/98