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 RENSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P94000013151 (3) GLOBAL MICRO, INC. Principal Place of Business Mailing Address 2240 NW 31ST 2240 NW 31ST MIAMI FL 33122 MIAMI FL 33122 211 3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1994 02/03/1995 Principal Place of Busin 4236 N.W. 31 ST Applied For 26 65-0470166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Miami 23 Trust Fund Contribution Added to Fees 8. This corporation has Lability for intangible tax under s. 199 032, 29 Florida Statutes Tes No Name and Address of Current Registered Ade 10. Name and Address of New Registered Agent Name RICHANI, OMAR A 13105 S.W. 112TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 A4 City 85 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 office or 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typerfor printed name of registered agent and title if applic tale (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) TITLE DELETE D 11 TITLE Change Addition NAME RICHANI, OMAR A 1.2 NAME CR2E034 STREET ADDRESS 13105 S.W. 112TH COURT 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 1.4 CITY - ST - ZIP TITLE DELETE 21 11/LE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TIFLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP **!ITLE** DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5 4 CITY - ST - 7IP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information polied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I offed with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(S)(K), Frontia Statutes, it on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each rof the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and further certify that the information ind made under oath; that I agran office that my name appears changed, or attachment : SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR