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.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000020733 (9) **DOCUMENT #** KOVENS PURCHASING COMPANY, INC. Mailing Address Principal Place of Business 10 EDGEWATER DRIVE 10 EDGEWATER DRIVE CORAL GABLES FL 33133 CORAL GABLES FL 33133 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1995 03/16/1994 66-0542 Applied For FEI Number 2a. Mailing Address 2. Principal Prace of Business Not Applicable APPLIED FOR 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required Suite, Apt # etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 032, 23 Country Ζıp Country ☐ Yes ☐ No Zio Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 SHEAR, DAVID ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 200 SOUTH BISCAYNE BLVD. FIRST UNION FINANCIAL CENTER STE 2100 83 **MIAMI FL 33131** Zip Code 85 City 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. (NOTE Hit periend Agent signature required when reinstating) SIGNATURE Signature, typica or posted name of registers tragent and the drauph, able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OF FICERS AND DIRECTORS Change Addition 12 DELETL 1 1 1166 CR2E034 PTD THLE 1.2 NAME KOVENS, MARC NAME 1.3 STREET ADDRESS 10 EDGEWATER DRIVE STREET ADDRESS CORAL GABLES FL 33133 1.4 City - St - ZIP Change Addition CITY - ST - ZIP DELETE 21 TILLE TITLE 22 NAME BURMAN, GARY NAME 2.3 STREET ADDRESS 10 EDGEWATER DRIVE STREET ADDRESS 2 4 CITY - ST - Z:P CORAL GABLES FL 33133 Change Addition CITY-ST-ZIP DELETE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP Change Add-tion CITY - ST - ZIP DELETE 4 1 THILE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TULE TITLE 5.2 NAME 5.3 STREET ACCRESS STREET ACCIDESS 5.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 Wile TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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 in a 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 at a diofficer of fureform 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 1.3 k 12 or 83 k 13 if changed, or on an attachment with an address

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: