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 CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033125 (3)**

1. Corporation Name
K.O. POSSE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
334 NW 40 ST MIAMI FL 33127	334 NW 40 ST MIAMI FL 33127

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 11/24/1995

2. Principal Place of Business
21 1370 N.W. 115th Street
22 Suite, Apt. #, etc
23 City & State: Miami, FL
24 Zip: 33167 25 Country: U.S.A.

2a. Mailing Address
26 c/o Robert L. Feldman, Esq.
27 Suite, Apt. #, etc: 300 Sevilla Ave, Ste. 305
28 City & State: Coral Gables, FL
29 Zip: 33134 30 Country: U.S.A.

4. FEI Number: ~~APPLIED FOR~~ 65-0651598 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MEDINAJS, RAUL
334 NW 40 STREET
MIAMI FL 33127

10. Name and Address of New Registered Agent
81 Name: Robert L. Feldman, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 300 Sevilla Avenue
83 Suite 305
84 City: Coral Gables, FL 85 Zip Code: 33134

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.

SIGNATURE: Signature, type/print name of the president and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 6/18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, RAOUL JR. 334 NW 40 ST MIAMI FL 33127	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D, P Medina, Raoul Jr. 1370 N.W. 115th Street Miami, FL 33167	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, MARIA M 334 NW 40 ST MIAMI FL 33127	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D,S,T 1370 N.W. 115th Street Miami, FL 33167	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D,V JEAN, EDWARD 1370 N.W. 115th Street Miami, FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D BOTA, OMAR 1370 N.W. 115th Street Miami, FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D THOMAS, ETIENNE 1370 N.W. 115th Street Miami, FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] MARIA M. MEDINA 6/18/96 305 - 758-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #