SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000058573 (4) **DOCUMENT #** BEVERLY ANN TAYLOR ENTERPRISES, INC. Mailing Address Principal Place of Business 585 N.W. 182ND TERRACE 585 N.W. 182ND TERRACE MIAMI FL 33169 MIAMI FL 33169 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1994 08/04/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0511874 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zιρ Yes No Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAYLOR, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 14837 N.W. 7TH AVE. 82 **MIAMI FL 33168** 83 85 Zip Code 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. Ehereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (FIOTE: Registered Agent's goalete regioned when reinstitling) Signature, type the pention in a charge level agent and the if appear ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 Till E TITLE CR2E034 TAYLOR, BEVERLY A 1.2 NAME NAME 585 N.W. 182ND TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33169 1.4 CHY-SI-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 THLF TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP City-St-7iP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIF Change Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE TITLE 6 1 HITLE NAME € 2 NAME 6.3 STREET ADORESS STREET ADDRESS 64 CiTY - ST-ZIP 14. I do hereby certify that the information supplied with this fling 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 appurate 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 in secure this seport 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. CITY-ST-ZIP

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN