SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 OCT 22 AM 7: 43 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P94000059418 (1) **CAVACO CORPORATION** Mailing Address Principal Place of Business 501 BRICKELL KEY DR 501 BRICKELL KEY DR SUITE 300 SUITE 300 MIAMI FL 33131 **MIAMI FL 33131** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/11/1994 <u>08/14/1995 </u> **FEI Number** Principal Place of Business Mailing Address Applied For 2. APPLIED FOR 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired ΙI Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Country Zip, Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EVANS, LAWRENCE S SEAREY-HUNT-BUONE PA- EVANS of Associates 82 Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR SUITE 300 83 MIAMI FL 33131 City Zip Code 84 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. Shopu Lawrence S. Evans SIGNATURE d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE NAME FRANCISCO, RAUL S 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 5757 COLLINS AVE UNIT #1001 MIAMI BEACH FL 33140 1.4 CITY - ST - ZIP CITY-ST-ZIP Change XXAddition TITLE DELETE Lawrence 3. 2.1 TITLE Evans Secretary 2.2 NAME NAME 501 Brickell Key Drive, #300 2.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 2.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 700001987517--1 -10/28/96--01063--024 *****225.00 | *****225,000iiiii 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 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 119.0%(s)(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.

Lawrence S. Evans, Secretary
signature and typed on printed name of signing officerod oractor

Date

SIGNATURE: __