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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P94000067755 (6) WAY OUT, INC. Principal Place of Business Mailing Address 9234 S.W. 9TH TERRACE 9234 S.W. 9TH TERRACE MIAMI FL 33174 MIAMI FL 33174 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1994 07/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0522377 26 Not Applicable Suite, Apt. #, etc Suite, Apt. # letc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MENDEZ, MIRTA 9234 S.W. 9TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 84 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. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal included or printed name of registered agent and title if application (NOTE Registered Agent signature required what reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1.1 T(I) F MENDEZ, MIRTA NAME 1.2 NAME **CR2E034** 9234 S.W. 9TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** CITY - ST - ZIP 1.4 CITY - ST - ZIP THLE VS DELETE 2.1 THILE Change Addition MENDEZ, RICARDO NAME 2.2 NAME 9234 S.W. 9TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-\$1-ZIP TITLE DELETE 4.1 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-S1-ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 51 MILE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-S1-ZiP 5.4 CHTY - ST-ZIP Trite DELETE 6000019254 6 Addition -08/19/96--01028--016 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADORESS \*\*\*375.00 CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. Ido 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 cath, that I am an officer or directly of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Fionda Statutes, and that my name appears in Br SIGNATURE: