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.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS 1996 P94000074480 (2) DOCUMENT # NIBOR INVESTMENTS, INC. Principal Place of Business Mailing Address 800 E CYPRESS CREEK ROAD SUITE 303 800 E CYPRESS CREEK ROAD SUITE 303 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3. Date incorporated or Qualified 3a. Date of Last Report 10/06/1994 07/20/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 65-0592758 26 21 Suite, Apt. #. etc. Suite Apt #. etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes You No Zip Country Zip Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSENTHAL, STUART S Street Address (P.O. Box Number is Not Acceptable) 800 E CYPRESS CREEK ROAD SUITE 303 82 FT LAUDERDALE FL 33334 83 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 Frorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. (NOT) Regetered Agent signature required when rensitiving) DATE SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 T:TLE TITLE 1.2 NAME GORDON, ROBIN NAME 3251 NW 96TH AVE 1.3 STREET ADDRESS STREET ADORESS SUNRISE FL 1.4 CITY - ST - ZIE CITY - ST - ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3.1 THILE TITLE

CR2E034 Change Addition Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-7IP CITY - ST - ZIP Change Addition DELETE 4.1 THILE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 THILE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY - S1 - ZiP CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIP

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)(x). Florida Statutes 1 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 recover or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

SIGNATURE

President RobinGordon 1/11/96

Applied Fo

\$8,75 Additional

Fee Required

\$5.00 May Be Added to Fees

Zip Code

(3.6)

Not Applicable