| | OR BEFORE 8/7/96: \$225 (IF DISS) | DISSOLVED ON OR AFTER AUDITED, MINIMUM AMOUNT DUE TO |) HEINSTATE: \$3/5.) | | |
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| PROFIT CORPORATION | | FLORIDA DEPARTM Sandra B. M | | | |
| | L REPORT | Secretary o | | | |
| 19 | 996 | DIVISION OF COF | RPORATIONS | | |
| OCUM Corporation N | ENT # P9400 | 0078808 (0) | | | |
| , | RPORATION | | | 2 14 D5 18 D4 21 B (B10) B10) (\$\$\delta\$111 \$\delta\$111 | MARIL MARIL ANAMA (MIN) (MARIL MARIL ANAMA (MIN) |
| | 4 D | Mailing Address | | | |
| incipal Place of 3250 WEST 76 HALEAH FL 33 | PLACE | 3250 WEST 76 PLACE HIALEAH FL 33016 | | | |
| MALEAN FL 30 | 3010 | INDEED! I C VOIC | | 3. Date Incorporated or Qualified | 3a. Date of Last Report 05/01/1995 |
| Discisal Disc | of Business | 2a. Mailing Address | | 10/25/1994 4. FEI Number | Applied For |
| Principal Plac | ce or ausmess | 26 | | 65-0533784 | Not Applicable |
| Suite, Apt. #, | etc | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z _i p | Country | Zip | Country | This corporation has liability for Fiorida Statutes | r intangible tax under s. 199.032, Yes X No |
| | 9. Name and Address of Curre | | <u> </u> | 10. Name and Address of New F | Registered Agent |
| 325 | E, JOEL O 50 WEST 76 PLACE LEAH FL 33016 | | 82 Street Add | dress (P.O. Box Number is Not Accept | able) |
| | | | | | |
| | (0, | 00 and 007 1609 Florida Statutes | 84 City | rogration submits this statement for the | FL 85 Zip Code purpose of changing its registered |
| office or reg agent. I am SIGNATURE | gistered agent, or both, in the State i familiar with, and accept the oblig signature, typed or printed name of registered a | gations of, Section 607.0505, Florid | the above-named cor horized by the corpora da Statutes Registered Agent's greature red | rporation submits this statement for the thon's board of directors. I hereby accention's hereby accentions the statement for the About renstating? ADDITIONS/CHANGES TO OF | purpose of changing its registered pt the appointment as registered |
| office or reg agent. I am BIGNATURE SI | gistered agent, or both, in the Statu familiar with, and accept the oblig signature, typed or printed name of registered a OFFICERS A | gations of, Section 607.0505, Florid | , the above-named cor horized by the corpora da Statutes | gured when reinstating) | purpose of changing its registered pt the appointment as registered to the appointment as registere |
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SIGNATURE AND TYPED OR PRINT ON NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

7/5/94 633:0933