SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

| AMOUNT DUE | ON OR BEFORE 8/7/96: \$225 (IF DISSO | LVED, MINIMUM AMOUNT DUE | TO REINSTATE: \$3 | 175.) | | | |
|---|--|---|---|---|--|---|--|
| PROFIT FLORIDA DEPARTA | | | MENT OF STATE | | | | |
| | CORPORATION Sandra B. Mortham | | | | | | |
| ANNU | ANNUAL REPORT Secretary of State | | | | | | |
| | 1996 DIVISION OF CORPORATIONS | | | | | | |
| DOCUI | MENT # P94000 | 0088003 (6) | | | | | |
| | | ` ' | | | | | |
| 1100 | NCRETE, INC. | | | | 1 10011001 HT 10111 01011 0114 00Ht | 1811): 811:3: 1813: 1811: 8811: 8818 1111 181 | |
| Principal Plac | e of Business | Mailing Address | | | | | |
| 957 EARLY AVENUE 957 EARLY AVENUE WINTER PARK FL 32789-1725 WINTER PARK FL 32789-1725 | | | | | | | |
| WINIER PAR | 1K PL 32/89-1/25 | WINTER PARK FL 32789- | 1725 | | | T | |
| | | | | 3. | Date Incorporated or Qualified 12/05/1994 | 3a. Date of Last Report 08/22/1995 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. | FEI Number | Applied For | |
| 21 | | 26 | | | 59-3280567 | Not Applica | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc | | 5. | Certificate of Status Desired | \$8.75 Additional | |
| City & State | ο | City & State | | | | L.J Fee Required | |
| 23 | C | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | | intangible tax under s 199 032. | |
| 24 | 25 | | 30 | | Florida Statutes | Yes 🔀 No | |
| | 9. Name and Address of Current | Registered Agent | 91 1 | - • | Name and Address of New Re | gistered Agent | |
| DI | | MIGUEL KOMAO | | | | | |
| 5448 HOFFNER AVENUE, SUITE 302 | | | 82 Stree | 82 Street Address (P.O. Box Number is Not Acceptable) 957 EARLY AVE | | | |
| ORLANDO FL 32812 | | | 0.01 | | | | |
| / | | | 84 City | WINIE | r PARK | 85 Zip Code | |
| 44.5 | | | | | | FL 327 <i>8</i> 9 | |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 egistered agent, or both in the State o | and 607.1508, Florida Statutes 'Florida_Such change was au | s, the above-name thorized by the co | d corporation : rporation's boa | submits this statement for the part of directors. Thereby accept | urpose of changing its registere tithe appointment as registered | |
| agent i a | m familiar with, and accept the obligat | tions of, Section 607.0505, Flor. | da Statutes. | | | 7-28-96 | |
| SIGNATURE | signal fit type for protect panel of regularical agent | t and title Tapplication (NOT). | Registered Agent signat | are require I when in | a salatra) | 1-2 G- 180 | |
| 12. | OFFICERS AND | | 13. | A | DDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 | |
| TITLE | DROMAO | DELETE | 1.1 TUYLE | PRES | · · | Change Add | |
| NAME | -ROMANO, MIGUEL | | 1.2 NAME | ROM | AO, MIGUEL | | |
| STREET ADDRESS | 957 EARLY AVENUE | _ | 13 STREET ADDRES | § 457 | EARLY AVE TEL PARK, FL. 3 | 17700 1750 | |
| CITY - ST - ZIP | WINTER PARK FL 32789-1725 | | 14 Cli Y - ST - ZIP | MIN | TENT PARK FL. | | |
| TITLE NAME | D Romano, idalia | ∑ DELE†E | 2 1 1 1 T L E | SEC | AO, I DALIA | Cnange Adc | |
| STREET ADDRESS | 957 EARLY AVENUE | | 2.2 NAME 2.3 STREET ADDRES | 0.57 | EARLY AVE | | |
| CITY-ST-ZIP | WINTER PARK FL 32789-1725 | 5 | 2 4 City St ZIP | 1 CF | THER PARK FL. | 32789-1725 | |
| TITLE | ************************************** | DELFTE | 3 1 HILE | $+\infty$ 17 | V 10-1- 1/== 1 V | Change Addi | |
| NAME | | _ | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRES | 5 | | | |
| 1 | | | _ | 1 | | | |

85 Zip Code 327 89-1725 oose of changing its registered ne appointment as registered 7-28-96 RS AND DIRECTORS IN 12 Change Addition 2789-1725 Change Addition 2789-1725 Change Addition CITY - ST - ZIP 3.4 CHY-SE-ZIP DELETE TITLE Change Addition 4 1 HITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 6.4 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)(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.

SIGNATURE: SIGNATURE AND PEO OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR MIGHEL DOMAN DOGG

7-28-96 (407)645-M34

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees