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 CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # P94000090975

1. Corporation Name
138 LOOP, INC.

Principal Place of Business — Mailing Address

2. Principal Place of Business
21 138 INDUSTRIAL LOOP
22 Suite, Apt. #, etc.
23 City & State: ORANGE PARK, FL
24 Zip: 32073
25 Country:

2a. Mailing Address
26 1501 - 60TH STREET
27 Suite, Apt. #, etc.
28 City & State: BROOKLYN, NY
29 Zip: 11219
30 Country:

3. Date Incorporated or Qualified: 1/6/95
3a. Date of Last Report:
4. FEI Number: 59-3304129 — Applied For / Not Applicable
5. Certificate of Status Desired: X — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes: [ ] Yes X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: ZIGMOND BRACH
82 Street Address (P.O. Box Number is Not Acceptable): 3411 INDIAN CREEK
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502, 607.1508, or 617.0502, 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: X [signature] 8/9/96

12. Names and Addresses of Officers/Directors

TITLE	P	[ ] Delete
NAME	ZIGMOND BRACH	
STREET ADDRESS	3411 INDIAN CREEK	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. Additions/Changes to Officers/Directors

1. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change X Add
2. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
3. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
4. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
5. TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
6. TITLE / NAME / STREET ADDRESS		

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CR2E034 (3/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. ...

8-23-96

SIGNATURE: X [signature] 8/9/96 718-436-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR