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 # P94000093444 (5) ARCH NOUVEAU, INC. Principal Place of Business Mailing Address 16960 SOUTHWEST 151 AVENUE 16960 SOUTHWEST 151 AVENUE MIAM! FL 33187 MIAMI FL 33187 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1994 09/26/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0560654 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Flection Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country Zip $Z_{\rm P}$ Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name GURRUCHAGA, FELIX 13370 SW 131 ST. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 110 83 MIAMI FL 33186 64 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Segmenting Type disciplinated name of registerical agent and this of apply above (fa01). Begistered Agent signaline required when reliasticings DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELLTE 1 F TITLE Change Addition NAME GURRUCHAGA, FELIX 1.2 NAME CR2E034 16960 SOUTHWEST 151 AVENUE STREET ADDRESS 1 3 STREET ACCRESS CITY-ST-ZIP MIAMI FL 33187 1.4 CITY - ST - ZIP TITLE DELETE 2.1 II/1 F Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IF TITLE DELETE 3.1 Title Change Addition NAME 32 NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TITLE DELETE 4 1 Change Addition NAME 4.2 STREET ADDRESS 43 EET ADDRESS CITY-ST-ZIP ST ZIP TITLE DELETE Change Addition NAME STREET ADDRESS EET ASIDRESS CITY-ST-2IP -ST-716 THE DELFTE 6 1 Change Addition NAME STREET ADDRESS EET ADDRESS CITY-ST-ZIP S1 Zi2 14. I do hereby certify that the information supplied with this filing is voluntarily furnished further certify that the information indicated on this annual report or supplemental and made under eath that har i an officer or director of the corporation or the receiver or that my name appears in Block 12 or Block 13 if changed or on an attachment with an ed does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statute's T all report is true and accurate and that my signature shall have the same legal effect as it istee empowered to execute this report as required by Chapter 617, Florida Statutes; and

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECT R GLIRRUSCHOLD 4/14/96 (305) 265-7172