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
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # **P95000003867 (5)**

1. Corporation Name
ACEGON CORPORATION

Principal Place of Business	Mailing Address
2188 N.W. 20TH STREET MIAMI FL 33125	2188 N.W. 20TH STREET MIAMI FL 33125

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report:

2. Principal Place of Business — 21: 2188 N.W. 22 Ave.
22 Suite, Apt. #, etc.:
23 City & State: Miami Florida
24 Zip: 25 Country:

2a. Mailing Address — 26: 2188 N.W. 22 Ave.
27 Suite, Apt. #, etc.: /
28 City & State: Miami Florida
29 Zip: 33142 30 Country:

4. FEI Number: 65-0549200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GONZALEZ, BARBARA
2188 N.W. 20TH STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name: Barbara Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 2188 N.W. 20 St.
83:
84 City: Miami FL 85 Zip Code: 33142

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when required above) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ACEA, SILVIA		12 NAME	
STREET ADDRESS	7103 W. 19TH COURT		13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014		14 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, BARBARA		22 NAME	
STREET ADDRESS	13917 SW 8TH TERRACE		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	600001896086
STREET ADDRESS			53 STREET ADDRESS	-07/17/96--01024--021
CITY-ST-ZIP			54 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	61 TITLE	700001896087 ☐ Change ☐ Addition
NAME			62 NAME	-07/17/96--01024--022
STREET ADDRESS			63 STREET ADDRESS	***25.00
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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] 6/15/96 305 3266959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CS 7/16/96