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 05, 1996 08:00 AM**
**Secretary of State**

DOCUMENT # P95000018353 (9)

1. Corporation Name
TAP ACQUISITION CO.

Principal Place of Business
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133

Mailing Address
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133

3. Date Incorporated or Qualified: 03/07/1995
3a. Date of Last Report:

4. FEI Number: 65-0561547 — Applied For / Not Applicable

2. Principal Place of Business
21 2600 Douglas Rd.
Suite, Apt #, etc.
22 Suite 510
City & State
23 Coral Gables, Fl.
Zip 24 33134
Country 25 USA.

2a. Mailing Address
26 3200 SW Freeway
Suite, Apt #, etc.
27 1220
City & State
28 Houston, Texas 77027
Zip 29
Country 30

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
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 of officer or director and registered agent and title if applicable — (NOTE: Registered Agent's signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| 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 | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | D | ☐ Change ☒ Addition |
| 1.2 NAME | Bill C. Bradley | |
| 1.3 STREET ADDRESS | 3200 SW Freeway | |
| 1.4 CITY-ST-ZIP | Houston, Texas, 77027 | |
| 2.1 TITLE | P | ☐ Change ☒ Addition |
| 2.2 NAME | David C. Adler | |
| 2.3 STREET ADDRESS | 2600 Douglas Rd. | |
| 2.4 CITY-ST-ZIP | Miami, Fl 33134 | |
| 3.1 TITLE | V | ☐ Change ☒ Addition |
| 3.2 NAME | Irv Adler | |
| 3.3 STREET ADDRESS | 2600 Douglas Rd. / Miami, Fl. 33134 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | V/T | ☐ Change ☒ Addition |
| 4.2 NAME | Luis Rabell | |
| 4.3 STREET ADDRESS | 2600 Douglas Rd. | |
| 4.4 CITY-ST-ZIP | Miami, Fla. 33134 | |
| 5.1 TITLE | S | ☐ Change ☒ Addition |
| 5.2 NAME | Cathryn L. Porter | |
| 5.3 STREET ADDRESS | 3200 SW Freeway | |
| 5.4 CITY-ST-ZIP | Houston, Texas 77027 | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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] Luis Rabell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6/20/96 Date — 305-443-7001 Daytime Phone #

0041396 CP