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
96 JUL 30 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024491

1. Corporation Name

Spanish Fly, Inc.

Principal Place of Business	Mailing Address
229 19th St Suite A Miami Beach, Fl 33139	

2. Principal Place of Business 21 229 19th St.	2a. Mailing Address 26	3. Date Incorporated or Qualified 3-27-95	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27	4. FEI Number	X Applied For Not Applicable
City & State 23 Miami Beach, Fl.	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33139	Country 25 USA	Zip 29	Country 30
		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

Leonardo A. Roth
9350 South Dixie Hwy
PH 2
Miami, Fl. 33156

10. Name and Address of New Registered Agent

81 Name: Corporate Creations International, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 4521 PGA Blvd.
83 Suite 211
84 City: Palm Beach Gardens FL 85 Zip Code: 33418-3967

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] LUIS A. URIARTE, VICE PRESIDENT DATE: 7/24/96
Signature, typed or printed name of individual and title, if applicable (Only the Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President and Director	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Fabian Giannattasio		12 NAME	
STREET ADDRESS	229 19th st. Suite A		13 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl 33139		14 CITY-ST-ZIP	
TITLE	Secretary and Director	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Enzo Buono		22 NAME	
STREET ADDRESS	1420 ocean Drive Apt 3E		23 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl. 33139		24 CITY-ST-ZIP	
TITLE	Treasurer	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Federico D'ANTONI		32 NAME	800001885848
STREET ADDRESS	1420 ocean Drive Apt. 2E		33 STREET ADDRESS	-07/08/96--01038--001
CITY-ST-ZIP	Miami Beach, Fl. 33139		34 CITY-ST-ZIP	****225.00 ****225.00
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	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
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] FABIAN GIANNATTASIO 6/29/96 312 666 2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #