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 # 1. Corporation Name P95000028922 (9) LAGEMAN INC. Principal Place of Business Mailing Address 299 ALHAMBRA CIRCLE 299 ALHAMBRA CIRCLE **SUITE 319** SUITE 319 CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0573919 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has hability for intangible tax under sil 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANGULO, ANA M 2151 SOUTH LEJEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 85 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. I hereby a scept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or protect harm of registered agreet and title if application (t.OTE Bugstosed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE D DELETE 1.1 T:T(F Change Addition NAMÉ LAGE, EUGENIO J 1.2 NAME **CR2E034** STREET ADDRESS 299 ALHAMBRA CIRCLE STE 319 1.3 STREET ADDRESS CORAL GABLES FL 33134 City - St - 7iP 1.4 CITY - ST - 2IP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIE TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TIFLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - 7/2 44 CITY ST-ZIP TITLE DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-ST-7IP

-A6G

SIGNATURE:

CITY-ST-ZIP

14. If 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 arm amplificer 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 Blyce 12 or Block 13 inchanged, or on an attachment with an address