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

DOCUMENT # P95000030115 (6)

1. Corporation Name

PLATINUM FOX, INC.

Principal Place of Business	Mailing Address
11226 SW 74TH STREET MIAMI FL 33173	11226 SW 74TH STREET MIAMI FL 33173

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report:

2. Principal Place of Business (21)	8340 HARDING AVE
Suite, Apt. #, etc. (22)	
City & State (23)	MIA. BCH FL
Zip (24)	33141
Country (25)	DADE
2a. Mailing Address (26)	8340 HARDING AVE
Suite, Apt. #, etc. (27)	
City & State (28)	MIAMI BCH FL
Zip (29)	33141
Country (30)	DADE

4. FEI Number: 65-0617489 — ☐ 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

MARTINELLI, ALBERTO J
11226 SW 74TH STREET
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: ABEL M. SANTACAPITA
82 Street Address (P.O. Box Number is Not Acceptable): 8340 HARDING AVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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] 07-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	MARTINELLI, ALBERTO J	
STREET ADDRESS	11226 SW 74TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	☐ DELETE
NAME	ABEL M. SANTACAPITA	
STREET ADDRESS	8340 HARDING AVE.	
CITY-ST-ZIP	MIA BCH FL 33141	
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	ABEL M. SANTACAPITA	
1.3 STREET ADDRESS	8340 HARDING AVE	
1.4 CITY-ST-ZIP	MIA BCH FL 33141	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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] 07-15-96 305/8638866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #