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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000030390 (5) Robert J. Pimentel, inc. Principal Place of Business Mailing Address 9537 N.W. 27TH COURT 9537 N.W. 27TH COURT CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Dale of Last Report 04/13/1995 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-0567 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country This corporation has Lability for intangible tax under s. 199 032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PIMENTEL, ROBERT J 9537 N.W. 27TH COURT Street Address (PO Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33065** 83 84 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed parties have of regulared agent and title if approach of (NOTE Registered Agent signature required when reinstantig) EIAIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TIFLE DELETE 1.1 DITLE Change Addition NAME PIMENTEL, ROBERT J 1.2 NAME CR2E034 STREET ADDRESS 9537 N.W. 27TH COURT 1.3 STREET ADDRESS CITY - ST - ZIP CORAL SPRINGS FL 33065 14 OITY - ST - Z/P THILE DELETE 2 1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP 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 4.1 TiTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - \$1 - 7IP TITLE DELETE 5 1 IIILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 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 113.07(3)(k). Florida Statutes. I further certify that the information processed on this annual report or supplemental innual 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 received of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block /2 or Block /3 if granged, or or an attachment with an address SIGNATURE: