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.) ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000035295 (1) DOCUMENT # MERLIN TRADING COMPANY Principal Place of Business Mailing Appress 2000 S. DIXIE HIGHWAY 2000 S. DIXIE HIGHWAY #200 #200 MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1995 Applied For Principal Place of Business 28 9307 W. ATLANTIC BLY0 26 4 FEI Number Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Flection Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032. Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen LITMAN, NEAL S 82 2000 S. DIXIE HIGHAY #200 **MIAMI FL 33133** 85 ons 607.0502 and 607.1509. Fto ida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Fierday Such change was Julhanzed by the corporation's board of directors. I hereby accept the appointment as registered apt the option of 507.0509. Florida statutes 11. Pursuant to the provisions both, in the State of Fy 25108NP SIGNATURE (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE CR2E034 1.2 NAME TANNENBAUM, RONALD 2000 S. DIXIE HWY #200 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 14 C-TY - ST - ZIP CITY-ST-ZIP Criange Addition DELETE 2.1 TIFLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - 71P CITY-ST-ZIP Change Addition DELETE 31 THLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP CITY-SI-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CIEY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 BILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHTY-ST-ZIP ____ Change ____ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIF 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 the infor that my name appears in Block 12 of

SIGNATURE: